

Exhibit

J

FOLDER

3

Pt. 4



Coastal Bioanalytical, Inc. Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ET-2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

0	m	E	G	0	9	0	3	B
A	A	A	A	Y	Y	N	N	A
Project ID								Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>	
NPDES PERMIT NO <u>VA0003067</u>		OUTFALL # OR LOCATION <u>001</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS SPECIES OR EPA METH # <u>m. bahia</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		
REQUESTED: SPECIES OR EPA METH # <u>C. variegatus</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		
OTHER TESTS:			

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/16/09 07:15</u>	SAMPLE END DATE & TIME <u>9/17/09 07:15</u>	AUTOSAMPLER TEMP. (°C) <u>4.0</u>
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200</u>
	SET VOLUME SUBSAMPLE	SET VOLUME FLOW <u>175,500 gal/day</u>
		TIME INCREMENT <u>15 min</u>
		TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C) <u>33.4</u>	DISCHARGE pH (S.U.) <u>7.06</u>	SAMPLE TEMP (°C) <u>4.0</u>	SAMPLE TRC (mg/l)	DATE/TIME (eg. 02/23/00 1835) <u>9/17/09 08:00</u>	INITIALS <u>VKS</u>
------------------------------------	------------------------------------	--------------------------------	-------------------	--	------------------------

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ted Schultz Technical Supervisor Ted Schultz 9/17/09
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JR Bell</u>	<u>9/17/09</u>	<u>10:45</u>	<u>[Signature]</u>
	<u>9/17/09</u>		

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 2 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

D	M	E	G	D	A	O	3	C
A	A	A	A	Y	Y	N	N	A
Project ID								Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>	
INPDES PERMIT NO <u>VA 0003867</u>		OUTFALL # OR LOCATION <u>001</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS REQUESTED: SPECIES OR EPA METH #	<u>m. bahia</u>	ACUTE <input checked="" type="checkbox"/>	CHRONIC <input type="checkbox"/>
OTHER TESTS:	<u>C. variegatus</u>	ACUTE <input checked="" type="checkbox"/>	CHRONIC <input checked="" type="checkbox"/>

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/17/09 07:15</u>	SAMPLE END DATE & TIME <u>9/18/09 07:15</u>	AUTOSAMPLER TEMP. (°C) <u>4.0</u>
TIME OF FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200ml</u>
	SET VOLUME SUBSAMPLE	SET VOLUME <u>90</u>
	FLOW <u>175,500/day</u>	TIME INCREMENT <u>15 min</u>
		TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
<u>33.1</u>	<u>7.2</u>	<u>3.8</u>		<u>9/18/09 0730</u>	<u>JAS</u>

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST)

(SIGNATURE)

(DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JAS</u>	<u>9/18/09</u>	<u>10:10</u>	<u>Dorothy Anderson</u>

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 5 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
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22														
23														
24														
25														
26														
27														
28														
29														
30	16:20	<2	9.69	<0.1	21.8	8.10	18	16:30	<2	10.00	<0.1	21.6	8.16	18
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Conrad*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
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11														
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22														
23														
24														
25														
26														
27														
28														
29														
30	17:00	<2	9.54	<0.1	21.7	8.09	18	17:10	<2	9.60	<0.1	21.9	8.17	18
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Dempster*

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/1/09 To 9/6/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 10/4/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/7/09 To 9/13/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Theodore Schultz 9/13/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/14/09 To 9/20/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

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Theodore Schultz 9/20/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/21/09 To 9/30/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	<u>✓</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 9/30/09
Signature of Principal Officer or Authorized Agent / Date



8201 County Drive
Disputanta, Virginia 23842-6144
Phone: 804-991-3213 Facsimile: 804-991-2194
E-mail: swiftcreekinc@aol.com

September 17, 2009
Project #06-012

Mr. William Purcell
Omega Protein
P.O. Box 175
Reedville, Virginia 22801

Re: 3rd Quarter 2009 Ground Water Monitoring Report
Aerated Lagoon
Omega Protein, Reedville, Virginia
VPDES Permit No. VA0003867

Dear Mr. Purcell:

With requirements to the VPDES Permit No. VA0003867, Swift Creek Environmental, Inc. has completed the 2009, 3rd quarterly ground water monitoring report for the above referenced facility. The location of the facility is depicted on Figure 1 - Site Vicinity Map. The lagoon wells sampled are designated and identified as monitor wells, MWL1, MWL2, MWL3, MWL4, MWL5 and MWL6. The location of the lagoon monitor wells are presented on the attached Potentiometric Surface Map - Figure 2.

A third order survey was conducted to determine relative well elevations and static ground water levels. Monitor well, ground water levels and relative elevations are presented in Table 1. An arbitrary datum of 10.00 feet (from USGS. 7.5 minute Reedville, Virginia Quadrangle) was established as a benchmark.

TABLE 1. Monitor Well Elevation, Ground Water Level & Product Data					
Monitor Well	Total Depth (feet)	Depth to GW (feet)	PID Reading (ppm)	Elevation - Top of Casing	Elevation - GW (feet)
MWL1	15.0	10.84	0	13.52	2.68
MWL2	15.0	10.06	0	12.20	2.14
MWL3	15.0	3.15	0	8.36	5.21
MWL4	15.0	11.60	0	14.80	3.20
MWL5	15.0	3.91	0	12.48	8.57
MWL6	15.0	4.15	0	12.17	8.02

Topographic and groundwater data indicates that ground water flow is to the south. Attached as Figure 2 is the Lagoon Potentiometric Surface Map.

On August 31, 2009, the lagoon monitor wells were developed and sampled for parameters as required in the VPDES Permit and requested by the VDEQ. Ground water samples were obtained from on-site monitor wells MWL1 through MWL6. Depth to ground water and total well depths were obtained using an oil/water interface probe to calculate the height of the standing water column in the monitor wells. After the volume of standing water was calculated in the monitor wells, a minimum of three well volumes of ground water was removed. Ground water samples were then collected using clean, disposable, plastic bailers to minimize the potential for cross contamination of monitor wells. The samples were placed in an insulated cooler packed with ice for shipment to the laboratory. The water samples were submitted to Air, Water and Soil Laboratories, Incorporated for laboratory analysis of Aluminum, Copper, Silver, Fecal Coliform, Nitrate, Chloride, Ammonia, TOC and Phosphorous. Chain of Custody forms were completed on-site and submitted with the samples. Chemical results for the 2009, 3rd Quarter sampling event are presented in Tables 2 and 3. The Certificates of Analyses and Chain of Custody are attached.

TABLE 2. Summary of Field Ground Water Results					
Sample ID/Monitor well	Turbidity	pH	Specific Conductivity	Dissolved Oxygen	Temperature
SC-OP-MWL1	11.18	5.62	1417	2.68	15.1
SC-OP-MWL2	11.76	5.49	1272	3.89	15.6
SC-OP-MWL3	20.00	5.41	929	3.50	16.1
SC-OP-MWL4	185	5.18	344	3.15	16.3
SC-OP-MWL5	70	6.02	557	3.78	16.4
SC-OP-MWL6	50	6.04	125	3.83	16.3
Units	µn	SU	u/s	mg/l	Celsius
Quantification Limits	.01	0.01	1.0	.01	0.1

TABLE 3. Summary of Analytical Ground Water Results									
Sample ID Monitor well	Al	Cu	Ag	E-Coli	Nitrate	Chloride	Ammonia	TOC	Phosphorus
SC-OP-MWL1	4.92	0.021	<0.01	1410	<0.1	120	3.49	36.7	0.08
SC-OP-MWL2	0.435	<0.01	<0.01	<1	7.2	185	11.3	4.3	<0.01
SC-OP-MWL3	0.491	<0.01	<0.01	<1	18.4	94.5	0.95	1.7	0.19
SC-OP-MWL4	18.9	<0.01	<0.01	<1	3.1	32.7	<0.1	2.1	0.15
SC-OP-MWL5	38.0	0.01	<0.01	<1	2.9	135	1.11	2.1	0.08
SC-OP-MWL6	7.19	<0.01	<0.01	<1	1.2	9.6	<0.1	1.8	<0.01
Units	mg/l	mg/l	mg/l	MPN	mg/l	mg/l	mg/l	mg/l	mg/l
Quantification Limits	0.05	0.01	0.01	1.0	0.1	1.0	0.1	1.0	0.05-0.5
002 Outfall Discharge Limits	-	NL	NL	200	NL	NL	45	NL	NL
MCL's Primary or Secondary	-	1.3	0.1	0.0	10	250	-	-	-

The recorded E-Coli concentration of 1410 MPN/100ml in monitor well, MWL1 exceeds the permitted discharge limitations. Historical E-Coli concentrations in this well have been recorded to be <1 MPN/100ml to 160 MPN/100ml, while Cockrell Creek and the adjacent pond recorded historical E-Coli concentrations of 2420 MPN/100ml and 1730 MPN/100ml, respectively. Presented in Table 4 are the historical E-Coli concentrations recorded in monitor well, MWL1 as well as the adjacent surface water bodies.

TABLE 4. Historical Summary of E-Coli Analytical Ground Water Results for MWL1	
Date	E-Coli
9/8/06	48
12/1/06	<1
2/28/07	<1
5/30/07	<1
9/27/07	1
11/29/07	<1
3/25/08	<1
6/3/08	160
8/29/08	3
12/4/08	6
2/27/09	<1
5/28/09	1
8/31/09	1410

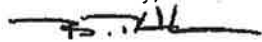
Historical Summary of E-Coli Analytical Results for Cockrell Creek and Pond	
Cockrell Creek	2420
Pond	1730
Units	MPN
Quantification Limits	1.0
002 Outfall Discharge Limits	200 MPN/100ml
MCL's Primary or Secondary	0.0

Continued sampling of the monitor wells is required to determine if the recorded E-Coli concentration in monitor well, MW1 is an anomaly or indicative of potential ground water impairment.

Nitrate concentrations in monitor well, MWL3 continue to exceed federal drinking water standards. The average Nitrate concentration in monitor well, MWL3 prior to this sampling event was 7.10 mg/l, with a range between 3.02 mg/l and 18.4 mg/l. The remaining parameters quantitatively analyzed for this sampling event were below Outfall Discharge Limits and/or the federal primary or secondary drinking water standard. The next quarterly ground water sampling event is scheduled for December 2009.

Should you have any questions regarding this letter, please contact me at 804.991.3213. Thank you for the opportunity to serve you.

Sincerely,



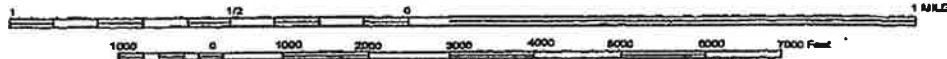
B. Thomas Houghton, Principal
Virginia Professional Geologist #950

attachments: Site Vicinity Map
Potentiometric Surface Map
Certificates of Analyses and Chain of Custody

cc: Ms. Denise Mosca - VDEQ Piedmont Regional Office



SCALE 1:24,000



USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992

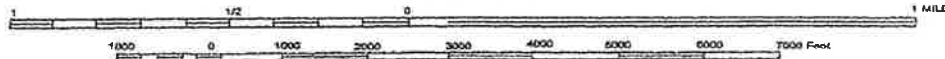
Swift Creek
Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No.:	FIGURE 1	
Figure Name:	Site Vicinity Map	
Client:	Omega Protein	Job No.: 06-012
Site:	Reedville, Virginia	Date: 01/2009



SCALE 1:24,000



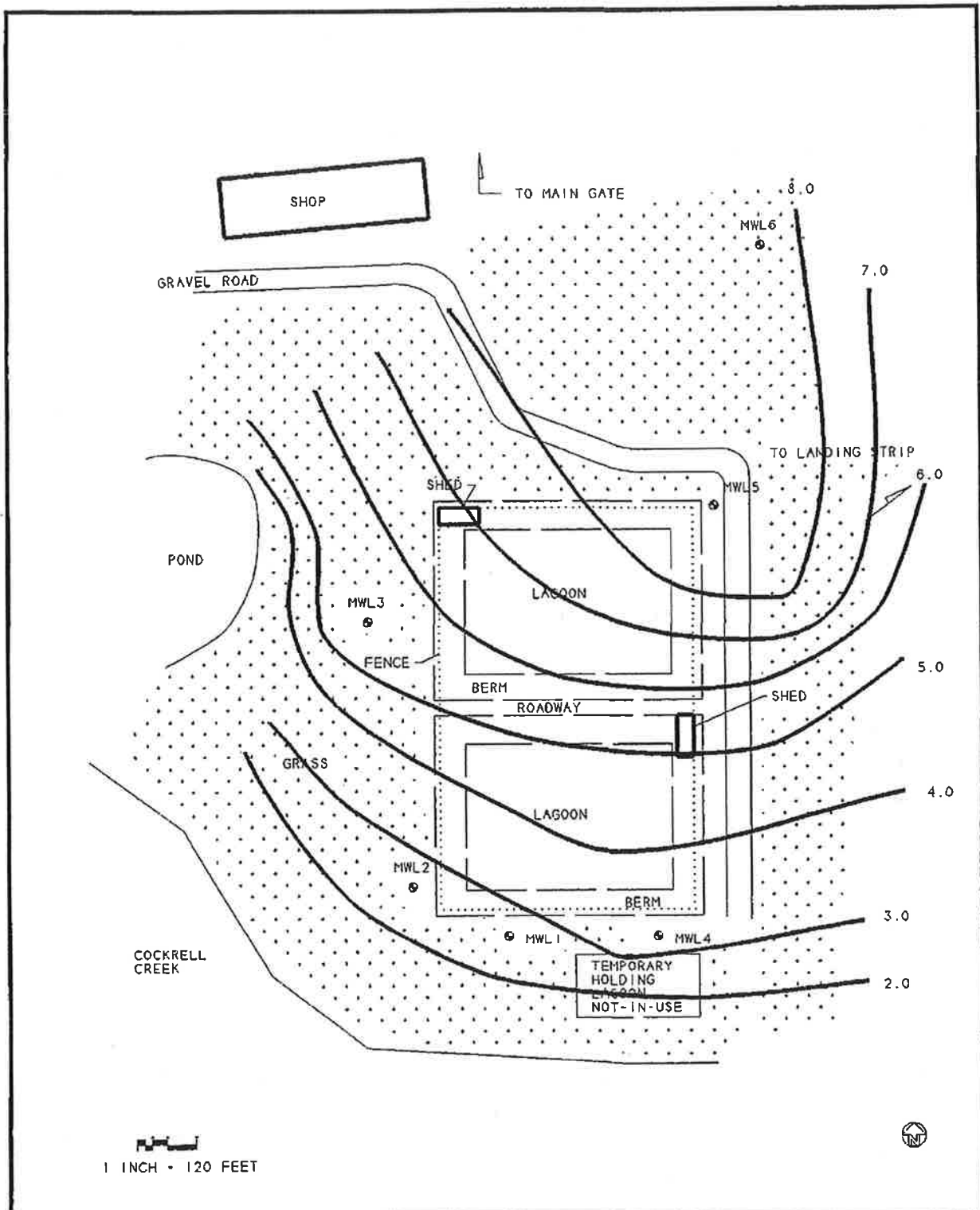
USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992



Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No:	FIGURE 1		
Figure Name:	Site Vicinity Map		
Client:	Omega Protein	Job No.:	06-012
Site:	Reedville, Virginia	Date:	01/2009



Swift Creek
Swift Creek
 ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

FIGURE NO:

2

FIGURE NAME

POTENTIOMETRIC SURFACE MAP

CLIENT:

OMEGA PROTEIN

JOB NO:

06-012

SITE:

REEDVILLE, VA

DATE:

09/09



2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 09080612

Client Name: Swift Creek Environmental, Inc. Date Received: August 31, 2009
8201 County Drive Date Issued: September 08, 2009
Disputanta, VA 23842

Submitted To: Tom Houghton Project Number: 06-012

Client Site I.D.: Omega Protein Lagoon Monitor Wells Purchase Order: 06-012

Sample I.D.: SC-OP-MWL1				Laboratory Sample I.D.: 09080612-001	
Date/Time Sampled: 08/31/09 12:00					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	1410 mpn/100mL	1	08/31/2009 17:00	ETS
Aluminum	SW6010C	4.92 mg/L	0.050	09/08/09 14:05	MWL
Copper	SW6010C	0.021 mg/L	0.010	09/08/09 14:05	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:05	MWL
Ammonia	EPA350.1/R2.0	3.49 mg/L	0.10	09/02/09 11:13	LMT
Chloride	EPA300.0/R2.1	120 mg/L	1.0	09/04/09 14:11	CLA
Nitrate	Calc.	< 0.1 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	< 0.1 mg/L	0.1	09/03/09 12:43	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	0.08 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	36.7 mg/L	1.0	09/08/09 9:46	NBA

Sample I.D.: SC-OP-MWL2				Laboratory Sample I.D.: 09080612-002	
Date/Time Sampled: 08/31/09 13:05					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	08/31/2009 17:00	ETS
Aluminum	SW6010C	0.435 mg/L	0.050	09/08/09 14:08	MWL
Copper	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:08	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:08	MWL
Ammonia	EPA350.1/R2.0	11.3 mg/L	0.10	09/02/09 11:15	LMT
Chloride	EPA300.0/R2.1	185 mg/L	1.0	09/04/09 14:25	CLA
Nitrate	Calc.	7.2 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	7.2 mg/L	0.1	09/03/09 12:46	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	< 0.01 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	4.3 mg/L	1.0	09/08/09 9:46	NBA



LABORATORIES, INC.

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Certificate of Analysis

Final Report

Laboratory Order ID 09080612

Client Name: Swift Creek Environmental, Inc. Date Received: August 31, 2009
8201 County Drive Date Issued: September 08, 2009
Disputanta, VA 23842

Submitted To: Tom Houghton Project Number: 06-012

Client Site I.D.: Omega Protein Lagoon Monitor Wells Purchase Order: 06-012

Sample I.D.: SC-OP-MWL3				Laboratory Sample I.D.: 09080612-003	
Date/Time Sampled: 08/31/09 13:35					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colliert 18/QT	< 1 mpn/100mL	1	08/31/2209 17:00	ETS
Aluminum	SW6010C	0.491 mg/L	0.050	09/08/09 14:11	MWL
Copper	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:11	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:11	MWL
Ammonia	EPA350.1/R2.0	0.95 mg/L	0.10	09/02/09 11:18	LMT
Chloride	EPA300.0/R2.1	94.5 mg/L	1.0	09/03/09 17:44	CLA
Nitrate	Calc.	18.4 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	18.4 mg/L	0.1	09/03/09 12:49	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	0.19 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	1.7 mg/L	1.0	09/08/09 9:46	NBA

Sample I.D.: SC-OP-MWL4				Laboratory Sample I.D.: 09080612-004	
Date/Time Sampled: 08/31/09 12:25					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colliert 18/QT	< 1 mpn/100mL	1	08/31/2209 17:00	ETS
Aluminum	SW6010C	18.9 mg/L	0.050	09/08/09 14:14	MWL
Copper	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:14	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:14	MWL
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	09/02/09 11:20	LMT
Chloride	EPA300.0/R2.1	32.7 mg/L	1.0	09/03/09 19:36	CLA
Nitrate	Calc.	3.1 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	3.1 mg/L	0.1	09/03/09 12:52	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	0.15 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	2.1 mg/L	1.0	09/08/09 9:46	NBA



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Certificate of Analysis

Final Report

Laboratory Order ID 09080612

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: August 31, 2009
Date Issued: September 08, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein Lagoon Monitor Wells

Purchase Order: 06-012

Sample I.D.: SC-OP-MWL5				Laboratory Sample I.D.: 09080612-005	
Date/Time Sampled: 08/31/09 13:50					
Parameter	Method	Sample Results	Rep Lmt	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	08/31/2209 17:00	ETS
Aluminum	SW6010C	38.0 mg/L	0.050	09/08/09 14:27	MWL
Copper	SW6010C	0.010 mg/L	0.010	09/08/09 14:16	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:16	MWL
Ammonia	EPA350.1/R2.0	1.11 mg/L	0.10	09/02/09 11:22	LMT
Chloride	EPA300.0/R2.1	135 mg/L	1.0	09/04/09 14:39	CLA
Nitrate	Calc.	2.9 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	2.9 mg/L	0.1	09/03/09 12:55	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	0.08 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	2.1 mg/L	1.0	09/08/09 9:46	NBA

Sample I.D.: SC-OP-MWL6				Laboratory Sample I.D.: 09080612-006	
Date/Time Sampled: 08/31/09 14:15					
Parameter	Method	Sample Results	Rep Lmt	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	08/31/2209 17:00	ETS
Aluminum	SW6010C	7.19 mg/L	0.050	09/08/09 14:25	MWL
Copper	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:25	MWL
Silver	SW6010C	< 0.01 mg/L	0.010	09/08/09 14:25	MWL
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	09/02/09 11:25	LMT
Chloride	EPA300.0/R2.1	9.6 mg/L	1.0	09/03/09 20:04	CLA
Nitrate	Calc.	1.2 mg/L	0.1	09/01/09 9:09	LMT
Nitrate+Nitrite	SM18/4500-NO3 F	1.2 mg/L	0.1	09/03/09 12:58	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	09/01/09 9:09	LMT
Phosphorus, Total	SM18/4500-P E	< 0.01 mg/L	0.01	09/04/09 10:22	LMT
Total Organic Carbon (TOC)	SW9060	1.8 mg/L	1.0	09/08/09 9:46	NBA



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Certificate of Analysis

Final Report

Laboratory Order ID 09080612

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: August 31, 2009
Date Issued: September 08, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein Lagoon Monitor Wells

Purchase Order: 06-012

A handwritten signature in black ink, appearing to read "Ted Soyars", is written over a horizontal line.

Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

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CHAIN OF CUSTODY

PAGE 1 OF 1

CLIENT NAME: <u>Swift Creek Env., Inc</u>	PROJECT NAME: <u>Omega Protein</u>
CLIENT CONTACT: <u>Tom Houghton</u>	SITE NAME: <u>Lagoon Monitor wells</u>
CLIENT ADDRESS: <u>8801 County Dr.</u>	PROJECT NUMBER: <u>06-012</u>
CLIENT PHONE NUMBER: <u>991-3213</u>	P.O. NUMBER: <u>06-012</u>
CLIENT FAX NUMBER: <u>991-2194</u> EMAIL:	REGULATORY AUTHORITY:

Is sample for compliance reporting? <u>(YES) NO</u>	Is sample from a chlorinated supply? YES <u>(NO)</u>	PWS I.D. #:
SAMPLER NAME (PRINT): <u>B. Keith Eaton</u> SAMPLER SIGNATURE: <u>[Signature]</u>		Turn Around Time: <u>5</u> Day(s)

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?:										YES	NO	MATRIX				ANALYSIS / (PRESERVATIVE)							COMMENTS		
CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	E-Coli	chloride	Copper HNO3	Aluminum Ph=62	H2SO4 Ph=62	Ammonia Ph=62	H2SO4 Ph=62	Nitrate Ph=62	Total Phos. Ph=62	TOC	Quote I.D.:
1) SC-OP-MWL1			8/31/09	1300	4	X			X						X	X	X	X	X	X	X	X	X	X	
2) SC-OP-MWL2				1305	6	X			X						X	X	X	X	X	X	X	X	X	X	
3) SC-OP-MWL3				1335	6	X			X						X	X	X	X	X	X	X	X	X	X	
4) SC-OP-MWL4				1325	6	X			X						X	X	X	X	X	X	X	X	X	X	
5) SC-OP-MWL5				1350	4	X			X						X	X	X	X	X	X	X	X	X	X	
6) SC-OP-MWL6				1415	4	X			X						X	X	X	X	X	X	X	X	X	X	
7)																									
8)																									
9)																									
10)																									

RELINQUISHED: <u>[Signature]</u>	DATE / TIME: <u>8/31/09 1630</u>	RECEIVED: <u>AMC [Signature]</u>	DATE / TIME: <u>8-31-09 16:30</u>	QC Data Package	LAB USE ONLY	COOLER TEMP <u>1.60 °C</u>
RELINQUISHED:	DATE / TIME:	RECEIVED:	DATE / TIME:	Level I <input type="checkbox"/>	SCE Omega Protein Lagoon Monitor DUE: 5 Days Recd: 08/31/09	
RELINQUISHED:	DATE / TIME:	RECEIVED:	DATE / TIME:	Level II <input type="checkbox"/>		
				Level III <input type="checkbox"/>		
				Level IV <input type="checkbox"/>		



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Sample Conditions Checklist

Opened by: (print)

AMC Givley

Lab ID No.:

(sign)

AMC Givley

Date Cooler Opened:

8-31-09

SCE

Omega Protein Lagoon Monitor

09080612

DUE: 5 Days
Recd: 08/31/09

1. How were samples received?

Fed Ex ☐
UPS ☐
Courier ☐
Walk In ☒

YES NO N/A

2. Were custody seals used?

☐ ☐ ☒

3. If yes, are custody seals unbroken and intact at the date and time of arrival?

☐ ☐ ☒

4. Are the custody papers filled out completely and correctly?

☒ ☐ ☐

5. Do all bottle labels agree with custody papers?

☒ ☐ ☐

6. Are the samples received on ice?

☒ ☐ ☐

7. Is the temperature blank or representative sample within acceptable limits?
(4 degrees Celsius +/-2)

☒ ☐ ☐

8. Are all samples within holding time for requested tests?

☒ ☐ ☐

9. Is a sufficient amount of sample provided to perform the tests indicated?

☒ ☐ ☐

10. Are all samples in proper containers for the analyses requested?

☒ ☐ ☐

11. Are all samples appropriately preserved for the analyses requested?

☒ ☐ ☐

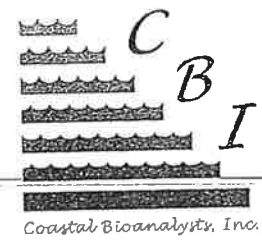
12. Are all volatile organic containers free of headspace?

☐ ☐ ☒

COMMENTS

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09

2nd 2001



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To: Mr. Ted Schultz Regulatory Compliance Officer Omega Protein P.O. Box 175 Reedville, VA 22539	Prepared By: Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23071 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director
--	---

Acute Test Results				
Species-Test Method	48-h LC50	95% C.L.	T.U. _{Ac}	NOAEC
<i>M. bahia</i> EPA 2007.0	>100	N/A	<1.00	N/A
<i>C. variegatus</i> EPA 2004.0	>100	N/A	<1.00	N/A

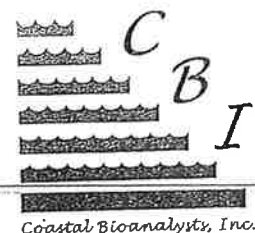
Chronic Test Results										
Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	T.U. _c	IC25	48-h LC50	LC50 95% C.L.	T.U. _{Ac}
<i>M. bahia</i> EPA 1007.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	100	>100	>100	23	1.00	>100	N/A	N/A	N/A
	Fecundity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>C. variegatus</i> EPA 1004.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	100	>100	>100	18	1.00	>100	N/A	N/A	N/A

Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable. Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits.

Acute Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	3.50	7.00	14.0	28.0	100
<i>M. bahia</i> EPA 2007.0	Survival (%):	100	100	100	100	100	100
<i>C. variegatus</i> EPA 2004.0	Survival (%):	100	100	100	100	100	100

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	0.50	0.90	1.80	3.60	100
<i>M. bahia</i> EPA 1007.0	Survival (%):	95	93	100	95	93	98
	Biomass (mg):	0.313	0.305	0.367	0.370	0.337	0.392
	Fecundity (%):	27	45	33	32	25	26
<i>C. variegatus</i> EPA 1004.0	Survival (%):	100	100	100	100	98	100
	Biomass (mg):	1.020	1.146	1.059	0.993	1.014	1.020

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09



Test Information	Start Date/Time	Organism	Hatch/Harvest	Acclimation	Acclimation	Test
Species-Method	End Date/Time	Source	Date/Time	Temp.	Water	Aerated?
<i>M. bahia</i> EPA 2007.0	9/17/09 1500 9/19/09 1450	CBI Stock	9/15/09 1100 9/16/09 1100	25° C	HWM ASW 20 g/kg sal.	Yes
<i>C. variegatus</i> EPA 2004.0	9/17/09 1510 9/19/09 1500	CBI Stock	9/5/09 1200 9/6/09 1200	25° C	HWM ASW 20 g/kg sal.	Yes
<i>M. bahia</i> EPA 1007.0	9/15/09 1215 9/22/09 1255	CBI Stock	9/7/09 1000 9/8/09 1000	25° C	HWM ASW 20 g/kg sal.	Yes
<i>C. variegatus</i> EPA 1004.0	9/15/09 1200 9/22/09 1215	CBI Stock	9/14/09 1630 9/15/09 1030	25° C	HWM ASW 20 g/kg sal.	Yes

Sample/Dilution Water Data	Acute Test		Chronic Test			
	Sample	Dilution* Water	Sample		Dilution Water*	
			Mean	Std. Dev.	Mean	Std. Dev.
Water Quality Parameter (Units)						
Arrival Temperature (°C)	2	N/A	3	1.5	N/A	N/A
Use Temperature (°C)	25	26	26	0.5	25	0
Arrival Salinity (g/kg)	16	N/A	16	0	N/A	N/A
Use Salinity (g/kg)	20	20	20	0.5	20	0.5
pH (S.U.)	7.26	7.71	7.28	0.14	7.88	0.09
Dissolved Oxygen (mg/l)	6.2	7.3	4.7	2.0	7.3	0
Total Hardness (mg/l as CaCO ₃)	2980	N/A	2913	70	N/A	N/A
Alkalinity (mg/l as CaCO ₃)	106	N/A	102	3.8	N/A	N/A
Total Residual Chlorine (mg/l)	<Q.L.	N/A	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH ₃ -N)	2.7	N/A	3.1	0.3	N/A	N/A

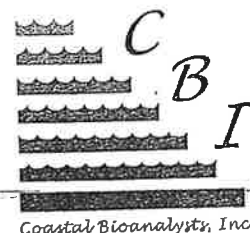
*Dilution water = Hawaiian Marine Mix ASW made with deionized water

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1 st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
OMEG0903-A	9/15/09 0700	9/15/09 1200, 1215	9/16/09 1120, 1140	Salt Added
OMEG0903-B	9/17/09 0715	9/17/09 1315, 1330 9/17/09 1500, 1510*	N/A	Salt Added Aerated 0-3 min
OMEG0903-C	9/18/09 0715	9/18/09 1150, 1200	9/19/09 1355, 1405 9/20/09 1125, 1140 9/21/09 1020, 1030	Salt Added, Aerated 0-4.5 min

*Acute tests

Acute Test Water Quality (Mean/Std. Dev.)												
Test:	<i>M. bahia</i> 2007.0						<i>C. variegatus</i> 2004.0					
% Conc:	Cont.	3.50	7.00	14.0	28.0	100	Cont.	3.50	7.00	14.0	28.0	100
Temp. (°C)	25	25	25	25	25	25	25	25	25	25	25	25
	0	0	0	0	0	0	0	0	0	0	0	0
D.O. (mg/l)	7.2	7.1	7.1	7.1	7.0	6.7	7.1	7.1	7.1	7.0	7.0	6.6
	0.1	0.1	0.1	0.1	0.1	0.6	0.2	0.1	0.1	0.1	0.1	0.6
pH (S.U.)	7.91	7.89	7.91	7.93	7.93	7.90	7.92	7.89	7.91	7.80	7.93	7.88
	0.07	0.09	0.11	0.13	0.16	0.33	0.08	0.10	0.13	0.28	0.18	0.31

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09



Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	<i>M. bahia</i> 1007.0						<i>C. variegatus</i> 1004.0					
% Conc:	Cont.	0.50	0.90	1.80	3.60	100	Cont.	0.50	0.90	1.80	3.60	100
Temp.	25	25	25	25	25	25	25	25	25	25	25	25
(°C)	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
D.O.	7.0	6.9	6.9	6.8	6.8	6.1	7.0	7.0	6.9	6.9	6.8	6.0
(mg/l)	0.3	0.4	0.4	0.4	0.5	0.8	0.3	0.3	0.3	0.3	0.4	0.8
pH	7.77	7.75	7.76	7.74	7.78	7.69	7.70	7.72	7.72	7.73	7.71	7.58
(S.U.)	0.13	0.08	0.10	0.18	0.10	0.18	0.08	0.09	0.08	0.09	0.16	0.22
Salinity	20	20	20	20	20	20	20	20	20	20	20	20
(g/kg)	0.4	0.4	0.4	0.4	0.4	0.6	0.4	0.4	0.4	0.4	0.4	0.6

Acute Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures					
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. for LC50	RTT in Control?
<i>M. bahia</i> 2007.0 (9/8/09-9/10/09)	RTT	100	526	481-576	Yes
	CC	100	610	504-716	
<i>C. variegatus</i> 2004.0 (9/8/09-9/10/09)	RTT	100	1112	997-1239	Yes
	CC	99	1094	925-1263	

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Biomass (mg)					RTT in Control?
		Cont	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
M. bahia 1007.0 (9/8/09-9/15/09)	RTT	90	250	0.36	250	29	349	N/A	Yes
	CC	93	250	0.32	250	22	484	341-628	
C. variegatus 1004.0 (9/8/09-9/15/09)	RTT	98	1000	1.45	500	12	1069	N/A	Yes
	CC	99	1000	1.26	500	14	954	611-1298	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group. Based on control chart data (n>62) fecundity (Method 1007.0) is not a sensitive endpoint for KCl toxicity and hence not reported; fecundity data available upon request.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory.

APPROVED:


 Peter F. De Lisle, Ph.D.
 Technical Director

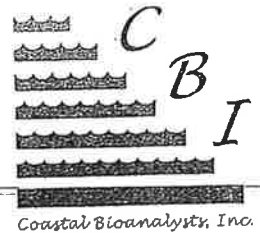
9/29/09
 Date

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

Client: Omega Protein
Project ID: OMEG0903
Client Sample ID: Outfall 001
Permit No: VA0003867
Sample Period: 9/15/09 to 9/18/09



Coastal Bioanalysts, Inc.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean \pm 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Ch} = 100/NOEC$. A dimensionless unit.

MYSIDOPSIS BAHIA STATIC ACUTE WET TEST
48-H TEST (AMB) FORM ETF10.11F

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Lab	C-A	10	10	10	100
Control	C-B	10	10	10	
3.50	1-A	10	10	10	100
	1-B	10	10	10	
7.50	2-A	10	10	10	100
	2-B	10	10	10	
14.0	3-A	10	10	10	100
	3-B	10	10	10	
28.0	4-A	10	10	10	100
	4-B	10	10	10	
100	5-A	10	10	10	100
	5-B	10	10	10	
Initials:		PS	PS	PS	*Test End Time
Count Time:		1500	0900	1450	

Species: *Mysidopsis (Americamysis) bahia*

Source: CBI stock cultures ✓

Other: _____

Harvest: Date/time start: 9/15/09 1100

Date /time end: 9/16/09 1100

Acclimation: Water: ASW 20 g/kg salinity ✓

Other: _____

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: *Artemia nauplii*
ca. 100 /mysid/day

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ✓ 400 ml 250 ml

Solution volume: 200 ml ml

Number of replicates/treatment: 2

Initial number of mysids/replicate: 10

Set up: Date (Day 0): 9/17/09

Time water added: 1445

Time mysids added: 1500

Set up by (Initials): PS

NOTES:

① D.O. dropped to 4.1
Test Aerated @ 1600. PS

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	25	25	25
	1	25	25	25
	2	25	25	25
	3	25	25	25
	4	25	25	25
	5	25	25	25
pH (S.U.)	C	7.83	7.97	7.93
	1	7.80	7.98	7.88
	2	7.78	7.99	7.95
	3	7.78	8.04	7.97
	4	7.74	8.05	7.99
	5	7.52	8.07	8.10
D.O. (mg/l)	C	7.3	7.1	7.1
	1	7.2	7.1	7.0
	2	7.2	7.1	7.1
	3	7.1	7.0	7.1
	4	7.0	7.0	7.1
	5	6.00	7.1	7.1
Salinity (g/kg)	C	20		21
	1			
	2			
	3			
	4			
	5	20		21
Replicate Measured:		A	B	A
Initials:		PS	PS	hju
TRC (mg/l) in highest conc. at end-of test:				NA

Peer Rev. by: PS Date: 9/28/09

TEST I.D. 0MEG.0903 -AMB

CYPRINODON VARIEGATUS STATIC ACUTE WET TEST
48-H TEST (ACV) FORM ETF1021E

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Lab	C-A	10	10	10	100
Control	C-B	10	10	10	
3.50	1-A	10	10	10	100
	1-B	10	10	10	
7.00	2-A	10	10	10	100
	2-B	10	10	10	
14.0	3-A	10	10	10	100
	3-B	10	10	10	
28.0	4-A	10	10	10	100
	4-B	10	10	10	
100	5-A	10	10	10	100
	5-B	10	10	10	
Initials:		PB	PB	PB	
Count Time:		1510	0905	1500	*Test End Time

Species: *Cyprinodon variegatus*

Source: CBI stock cultures ☒

Other: _____

Hatch: Date/time start: 9/5/09 1200

Date /time end: 9/6/09 1200

Acclimation: Water: ASW, 20 g/kg salinity ☒

Other: _____

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: Not fed

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ☒ 400 ml _____ ml

Solution volume: ☒ 400 ml _____ ml

Number of replicates/treatment: 2

Initial number of fish/replicate: 10

Set up: Date (Day 0): 9/17/09

Time water added: 1445

Time fish added: 1510

Set up by (initials): PB

NOTES:

① D.O. dropped to 4.0
Aeration started at ② 1600 PB

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	25	25	25
	1	25	25	25
	2	25	25	25
	3	25	25	25
	4	25	25	25
	5	25	25	25
pH (S.U.)	C	7.83	7.99	7.94
	1	7.80	8.00	7.88
	2	7.78	8.03	7.93
	3	7.78	8.09	7.54
	4	7.74	8.10	7.96
	5	7.52	8.10	8.01
D.O. (mg/l)	C	7.3	7.0	7.0
	1	7.2	7.0	7.1
	2	7.2	7.1	7.1
	3	7.1	6.9	6.9
	4	7.0	6.9	7.1
	5	6.00	6.9	7.0
Salinity (g/kg)	C	20		21
	1			
	2			
	3			
	4			
	5	20		21
Replicate Measured:		A	B	A
Initials:		PB	PB	PB
TRC (mg/l) in highest conc. at end of test:				NA

Peer Rev. by: PB/ Date: 9/28/09

TEST I.D. DMEG0903 -ACV

BASELINE TEST INFO – MYSID 7 DAY TEST

Coastal Bioanalysts, Inc
Form ETF0011D
Effective Date: 2/1/09

TEST ORGANISM INFO

Species: Mysidopsis (Americamysis) bahia

Acclimation: Water: ASW 20-g/kg salinity

Source: CBI Stock Cultures:

Other: _____

Other: _____

Temp. (°C): 25

Harvest Date/Time: From 9/7/09 1000

Feeding Prior to Test: Artemia ad libitum 2X/day

To 9/8/09 1000

Feeding During Test: Artemia ca. 75/mysid, 2X/day

Arrival Date: 9/12
(non-CBI)

TEST DESIGN

Test Chamber: 1000 ml Tri-pour Beaker

Illumination: 16:8 L:D 10-20 uE/m²/s

Other: _____

Number of Replicates/Concentration: 8

Solution Vol: 200 ml

Initial Number of Mysids/Replicate: 5

Other: _____

TEST SET UP (Day 0)

Set Up Date: 9/15/09

Time Water Added: 1140

Set Up By: PO

Time Animals Added: 1215

NOTES

Peer Review by PO/W Date 9/28/09

Test I.D. OMEG4903 -CMB

Parameter	Treatment	Day 0 Initial	Day 1 Final	Day 1 Initial	Day 2 Final	Day 2 Initial	Day 3 Final	Day 3 Initial	Day 4 Final	Day 4 Initial	Day 5 Final	Day 5 Initial	Day 6 Final	Day 6 Initial	Day 7 Final
T E M P (°C)	C	24	25	24	25	25	25	26	25	26	25	25	25	25	25
	1	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	2	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	3	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	4	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	5	26	25	26	25	25	25	26	25	26	25	25	25	25	25
pH (S.U.)	C	7.86	7.47	7.70	7.68	7.72	7.87	7.79	7.80	7.71	7.84	7.72	7.43	7.89	7.99
	1	7.86	7.42	7.70	7.68	7.72	7.87	7.78	7.62	7.71	7.73	7.84	7.76	7.83	7.93
	2	7.86	7.42	7.76	7.69	7.72	7.87	7.79	7.68	7.71	7.80	7.85	7.61	7.88	7.91
	3	7.86	7.60	7.70	7.69	7.72	7.88	7.81	7.68	7.72	7.83	7.81	7.68	7.90	7.94
	4	7.86	7.61	7.70	7.69	7.72	7.90	7.76	7.86	7.72	7.81	7.81	7.68	7.83	7.92
	5	7.49	7.78	7.51	7.73	7.40	7.96	7.76	7.88	7.39	7.78	7.67	7.74	7.67	7.83
D.O. (mg/l)	C	7.3	6.4	7.0	6.3	7.0	7.1	7.3	7.0	7.1	7.1	7.2	7.1	7.1	7.1
	1	7.3	6.4	7.0	6.2	7.0	7.1	7.2	6.0	7.1	7.1	7.2	7.1	7.0	7.1
	2	7.2	6.4	7.0	6.0	7.0	7.0	7.1	6.4	7.1	7.0	7.2	7.1	6.8	7.0
	3	7.2	6.3	7.0	6.0	7.0	6.9	6.6	6.4	7.1	6.9	7.2	7.1	6.6	7.0
	4	7.2	6.3	6.2	5.7	7.0	6.8	6.9	7.2	7.1	6.8	7.1	7.1	6.3	6.9
	5	6.2	6.1	5.3	5.3	4.3 ^①	6.7	5.2	6.8	5.6	6.6	7.0	7.1	6.8	6.8
S A L I N (g/kg)	C		20		20		21		20		20		20		20
	1		20		20		21		20		20		20		20
	2		20		20		21		20		20		20		20
	3		20		20		21		20		20		20		20
	4		20		20		21		20		20		20		20
	5		20		20		21		20		20		19		20
Replicate:		A	B	C	H	B	G	G	E	B	C	D	A	B	E
Initials:		AB	PB	PB	PB	PB	PB	PB	PB	PB	CA	CA	CB	CB	GB

① DO dropped to 2.8
Aeration started at 1600. ps

SURVIVAL DATA - MYSID 7 DAY TEST

Coastal Bioanalysts, Inc

Form ETF0013C

Effective Date: 11/27/07

Treatment	Rep Ltr	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Final % Live
C	A	5	5	5	5	4	4	4	95
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	4	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
1 0.50% % Conc. 6 Vol. Spl.	A	5	5	5	5	5	5	4	93
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	4	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	4	
2 0.90% % Conc. 10.8 Vol. Spl.	A	5	5	5	5	5	5	5	100
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
3 1.80% % Conc. 21.6 Vol. Spl.	A	5	5	5	5	4	4	4	95
	B	5	5	5	5	4	4	4	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
4 3.60% % Conc. 43.2 Vol. Spl.	A	5	5	5	5	5	4	4	93
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	4	5	4	
	D	5	5	5	5	5	5	4	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
5 1.80% % Conc. 12.0 Vol. Spl.	A	5	5	5	5	5	5	5	98
	B	5	5	5	5	5	5	4	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
Renewal/Count Time:		1140	1330	1200	1405	1140	1030	1255 [#]	
Initials:		PB	PB	PD	PB	CB	CB	CB	

15 min to
side of
beaker

*Volume sample added to total volume of 12.0L ml for preparation of dilutions. # Time of final count = test end time.

Test I.D. 0ME00903

-CMB

FECUNDITY/GROWTH DATA - MYSID 7 DAY TEST

Coastal Bioanalysts, Inc

Form ETF0014G

Effective Date: 10/31/08

Treatment	Rep Ltr	Females w/eggs	Females No eggs	Males	Immature	Pan No.	Total ¹ Wt (mg)	Tare Wt (mg)
C	A	1	11	1		1	8.22	6.26
	B		11	11		2	7.92	6.58
	C		11	11		3	7.27	5.96
	D		11	11		4	8.39	6.98
	E	11	1	11		5	8.97	7.26
	F	1	11	1		6	8.68	7.22
	G	11	11			7	9.44	7.21
	H	1	11	1		8	8.41	6.94
1 0.5% Conc.	A		11	11		9	9.65	8.41
	B	1	1	11		10	8.59	7.26
	C	11	1	11		11	8.67	7.12
	D	11	1	1		12	8.66	7.10
	E	1	11	11		13	8.73	6.71
	F	11	11	1		14	7.69	5.98
	G	11	1	11		15	8.27	6.43
	H	1	11			16	8.48	7.55
2 0.9% Conc.	A		111	1		17	7.26	5.45
	B	1	11	1		18	7.08	5.64
	C	1	11	1		19	7.65	5.43
	D	11	11	1		20	9.20	7.16
	E	1	11	11		21	8.69	4.82
	F	1	11	11		22	10.21	8.15
	G	111		1		23	10.10	7.61
	H		11	11		24	8.04	6.31
3 1.8% Conc.	A	1	11	1		25	8.53	4.88
	B	11	11			26	8.89	7.28
	C	1	11	1		27	10.22	7.96
	D	1	1	11		28	9.64	8.44
	E		1	11		29	11.28	9.36
	F		11	11		30	9.05	7.45
	G	11	1	11		31	8.68	4.66
	H	1	11	11		32	10.92	8.82
4 3.6% Conc.	A	1	1	11		33	9.37	7.86
	B	11	11	1		34	10.23	8.32
	C	11	1	1		35	8.78	7.27
	D		111			36	9.56	8.01
	E		11	11		37	9.64	8.08
	F		11	1		38	8.07	6.44
	G		1	11		39	10.79	8.64
	H	1	11	11		40	9.03	7.18
5 15% Conc.	A	11	11	1		41	10.93	8.28
	B		1	11		42	10.18	8.44
	C		11			43	10.23	8.55
	D		11	11		44	10.84	8.41
	E	1	11	1		45	9.21	7.74
	F		11	11		46	10.43	8.50
	G	11	1	1		47	10.21	7.44
	H	11	11			48	10.50	8.37

¹See printout of statistical analyses for biomass weights by replicate.²True value \pm estimated uncertainty of calibration weight (NIST traceable annual certification) = 10.00 ± 0.05 mg

TARE WT: DATE: 9/25 INITIALS: CB CALIB. CHECK (10.00 mg²): 10.41
 TOTAL WT: DATE: 9/25 INITIALS: PB CALIB. CHECK (10.00 mg²): 10.00
 SEXED BY: CB

Test I.D. 0MEG-0901

-CMB

Mysid Survival, Growth and Fecundity Test-7 Day Survival

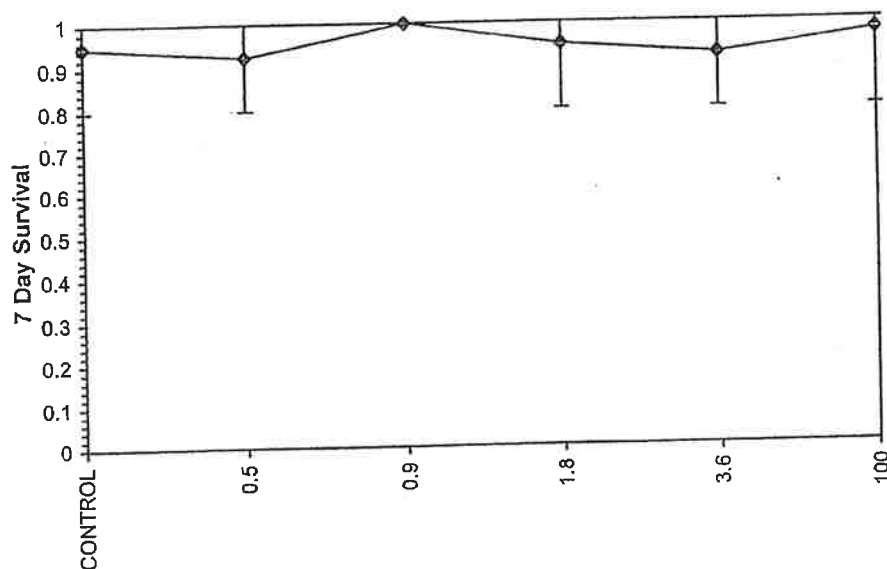
Start Date: 9/15/2009 12:15 Test ID: OMEG0903MB Sample ID: OUTFALL 003
End Date: 9/22/2009 12:55 Lab ID: CBI Sample Type: WW
Sample Date: Protocol: EPAM 94-EPA Marine Test Species: MY-Mysidopsis bahia
Comments:

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.8000	1.0000	1.0000	1.0000	1.0000	0.8000	1.0000	1.0000
0.5	0.8000	1.0000	1.0000	0.8000	1.0000	1.0000	1.0000	0.8000
0.9	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.8	0.8000	0.8000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.6	0.8000	1.0000	0.8000	0.8000	1.0000	1.0000	1.0000	1.0000
100	1.0000	0.8000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root					Rank Sum	1-Tailed Critical
			Mean	Min	Max	CV%	N		
CONTROL	0.9500	1.0000	1.2857	1.1071	1.3453	8.574	8		
0.5	0.9250	0.9737	1.2560	1.1071	1.3453	9.813	8	64.00	46.00
0.9	1.0000	1.0526	1.3453	1.3453	1.3453	0.000	8	76.00	46.00
1.8	0.9500	1.0000	1.2857	1.1071	1.3453	8.574	8	68.00	46.00
3.6	0.9250	0.9737	1.2560	1.1071	1.3453	9.813	8	64.00	46.00
100	0.9750	1.0263	1.3155	1.1071	1.3453	6.400	8	72.00	46.00

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution ($p \leq 0.01$)	0.77039	0.929	-1.0511	-0.4334
Equality of variance cannot be confirmed				
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU
Steel's Many-One Rank Test	100	$\sqrt{>100}$		1

Dose-Response Plot



Mysid Survival, Growth and Fecundity Test-Biomass

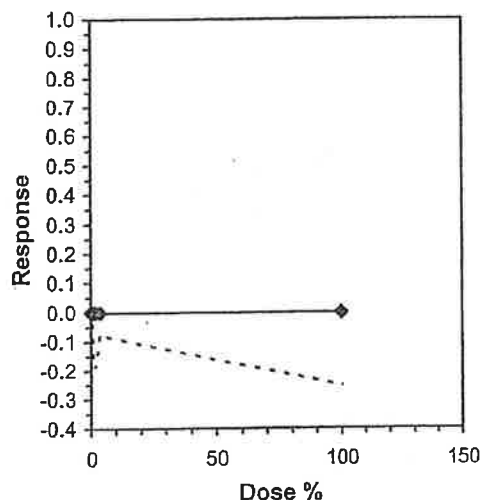
Start Date: 9/15/2009 12:15 Test ID: OMEG0903MB Sample ID: OUTFALL 003
 End Date: 9/22/2009 12:55 Lab ID: CBI Sample Type: WW
 Sample Date: Protocol: EPAM 94-EPA Marine Test Species: MY-Mysidopsis bahia
 Comments:

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.2920	0.2680	0.2740	0.2820	0.3540	0.2920	0.4460	0.2940
0.5	0.2480	0.2660	0.3100	0.3120	0.4040	0.3420	0.3680	0.1860
0.9	0.2620	0.2880	0.3440	0.4080	0.3740	0.4120	0.4980	0.3460
1.8	0.3300	0.3220	0.4480	0.3200	0.3840	0.3200	0.4160	0.4200
3.6	0.3020	0.3820	0.3020	0.3100	0.3120	0.2860	0.4300	0.3700
100	0.4500	0.3440	0.3360	0.4460	0.2940	0.3860	0.4540	0.4260

Conc-%	Transform: Untransformed							1-Tailed			Isotonic	
	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD	Mean	N-Mean
CONTROL	0.3128	1.0000	0.3128	0.2680	0.4460	19.154	8				0.3471	1.0000
0.5	0.3045	0.9736	0.3045	0.1860	0.4040	22.935	8	0.265	2.306	0.0718	0.3471	1.0000
0.9	0.3665	1.1719	0.3665	0.2620	0.4980	20.405	8	-1.727	2.306	0.0718	0.3471	1.0000
1.8	0.3700	1.1831	0.3700	0.3200	0.4480	14.374	8	-1.839	2.306	0.0718	0.3471	1.0000
3.6	0.3368	1.0767	0.3368	0.2860	0.4300	15.128	8	-0.771	2.306	0.0718	0.3471	1.0000
100	0.3920	1.2534	0.3920	0.2940	0.4540	15.654	8	-2.546	2.306	0.0718	0.3471	1.0000

Auxiliary Tests					Statistic	Critical	Skew	Kurt						
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.96204	0.929	0.30422	-0.3412						
Bartlett's Test indicates equal variances (p = 0.92)					1.48277	15.0863								
Hypothesis Test (1-tail, 0.05)					NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test					100	>100		1	0.07176	0.22946	0.00963	0.00387	0.04645	5, 42

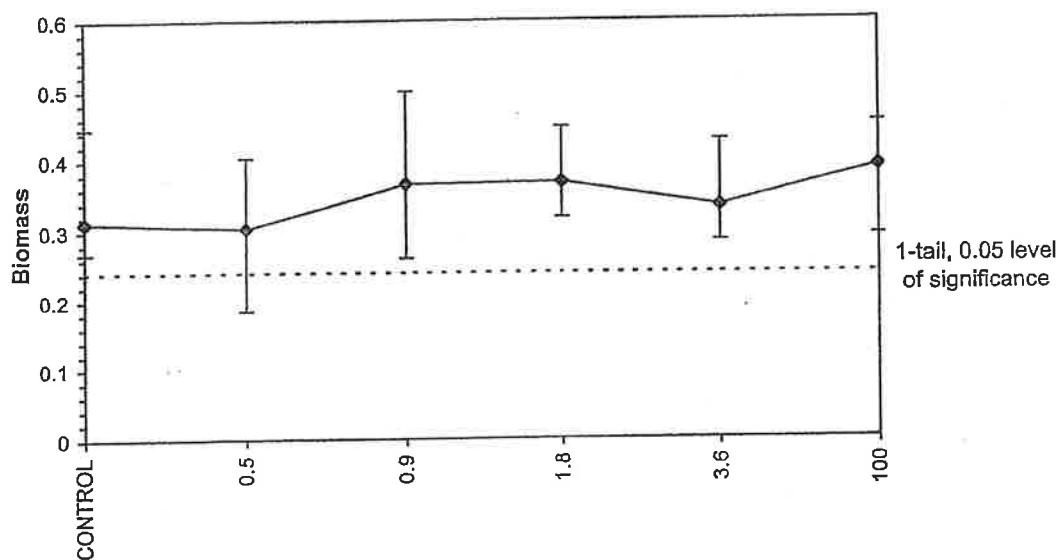
Linear Interpolation (200 Resamples)				
Point	%	SD	95% CL	Skew
IC05	>100			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Mysid Survival, Growth and Fecundity Test-Biomass

Start Date: 9/15/2009 12:15	Test ID: OMEG0903MB	Sample ID: OUTFALL 003
End Date: 9/22/2009 12:55	Lab ID: CBI	Sample Type: WW
Sample Date:	Protocol: EPAM 94-EPA Marine	Test Species: MY-Mysidopsis bahia
Comments:		

Dose-Response Plot



Mysid Survival, Growth and Fecundity Test-Fecundity

Start Date: 9/15/2009 12:15 Test ID: OMEG0903MB Sample ID: OUTFALL 003
 End Date: 9/22/2009 12:55 Lab ID: CBI Sample Type: WW
 Sample Date: Protocol: EPAM 94-EPA Marine Test Species: MY-Mysidopsis bahia
 Comments:

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.3333	0.0000	0.0000	0.0000	0.6667	0.3333	0.6000	0.2500
0.5	0.0000	0.5000	0.6667	0.6667	0.3333	0.5000	0.6667	0.2500
0.9	0.0000	0.2500	0.2500	0.5000	0.3333	0.3333	1.0000	0.0000
1.8	0.3333	0.5000	0.2500	0.5000	0.0000	0.0000	0.6667	0.3333
3.6	0.5000	0.5000	0.6667	0.0000	0.0000	0.0000	0.0000	0.3333
100	0.5000	0.0000	0.0000	0.0000	0.2500	0.0000	0.7500	0.6000

Conc-%	Transform: Arcsin Square Root							1-Tailed		
	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD
CONTROL	0.2729	1.0000	0.5679	0.2928	0.9553	44.737	8			
0.5	0.4479	1.6412	0.7421	0.3614	0.9553	30.081	8	-1.304	2.306	0.3081
0.9	0.3333	1.2214	0.6245	0.2527	1.3181	51.891	8	-0.424	2.306	0.3081
1.8	0.3229	1.1832	0.6371	0.2928	0.9553	31.971	8	-0.518	2.306	0.3081
3.6	0.2500	0.9160	0.5579	0.2527	0.9553	48.969	8	0.074	2.306	0.3081
100	0.2625	0.9618	0.5721	0.2255	1.0472	53.285	8	-0.032	2.306	0.3081

Auxiliary Tests					Statistic	Critical	Skew	Kurt						
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.95445	0.929	0.46306	-0.2352						
Bartlett's Test indicates equal variances (p = 0.84)					2.05791	15.0863								
Hypothesis Test (1-tail, 0.05)					NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test					100	>100		1	0.22328	0.77187	0.03846	0.07141	0.74584	5, 42

N/A

250% control w/ eggs. PD.

BASELINE TEST INFO -- SHEEPSHEAD 7 DAY TEST

Coastal Bioanalysts, Inc
Form ETF0021C
Effective Date: 2/1/09

TEST ORGANISM INFO

Species: Cyprinodon variegatus
Source: CBI Stock Cultures: ✓
Other: _____
Hatch Date/Time: 9/14/09 1630
(start)
Hatch Date/Time: 9/15/09 1630
(end)

Acclimation: Water: ASW-20 g/kg-salinity ✓

Other: _____

Temp. (°C): 25

Feeding Prior to Test: Artemia ad libitum 2X/day

Feeding During Test: Artemia 0.1 g/rep days 0-2
(2X/day) 0.15 g/rep days 3-6

Arrival Date: 9/15
(non-CBI)

TEST DESIGN

Test Chamber: 1000 ml Tri-pour beaker ✓

Other: _____

Solution Vol: 750 ml ✓

Other: _____

Illumination: 16:8 L:D 10-20 uE/m²/s

Number of Replicates/Concentration: 4

Initial Number of Fish/Replicate: 10

TEST SET UP (Day 0)

Set Up Date: 9/15/09

Time Water Added: 1140

Set Up By: PB

Time Animals Added: 1200

NOTES

Peer Review by PB/WR Date 9/28/09

Test I.D. OMEGA 03 -CCV

Parameter	Treatment	Day 0 Initial	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7 Final
			Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	
TEMP (°C)	C	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	1	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	2	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	3	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	4	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	5	26	25	26	25	25	25	25	25	26	25	25	25	25	25
pH (S.U.)	C	7.82	7.64	7.67	7.66	7.69	7.73	7.76	7.78	7.73	7.61	7.77	7.51	7.78	7.63
	1	7.82	7.65	7.67	7.66	7.70	7.85	7.76	7.50	7.73	7.72	7.77	7.63	7.79	7.79
	2	7.82	7.62	7.67	7.66	7.70	7.86	7.74	7.77	7.73	7.62	7.79	7.64	7.79	7.70
	3	7.82	7.65	7.67	7.67	7.70	7.88	7.75	7.65	7.73	7.62	7.83	7.59	7.85	7.77
	4	7.82	7.66	7.67	7.67	7.70	7.90	7.79	7.82	7.73	7.32	7.83	7.45	7.87	7.46
	5	7.46	7.66	7.39	7.69	7.22	7.91	7.68	7.67	7.37	7.76	7.63	7.86	7.58	7.73
D.O. (mg/l)	C	7.3	6.2	7.0	6.9	7.1	7.1	7.3	6.8	7.1	7.1	7.2	7.1	7.1	7.0
	1	7.3	6.2	7.0	6.8	7.1	7.1	7.2	6.3	7.1	7.1	7.2	7.1	7.0	6.9
	2	7.2	6.1	7.0	6.8	7.1	7.0	7.0	6.8	7.2	7.1	7.2	7.1	6.8	6.9
	3	7.2	6.1	7.0	6.6	7.1	6.9	7.0	6.4	7.1	7.0	7.2	7.1	6.6	6.8
	4	7.2	6.0	6.2	6.0	7.0	6.8	6.9	7.1	7.2	6.8	7.1	7.1	6.4	6.8
	5	6.2	5.9	5.3	5.4	4.40	6.7	5.6	5.7	5.6	6.5	7.0	7.0	6.1	6.7
SALINITY (g/kg)	C		20		20		21		20		20		20		20
	1		20		20		21		20		20		20		20
	2		20		20		21		20		20		20		20
	3		20		20		21		20		20		20		20
	4		20		20		21		20		20		20		20
	5		20		20		21		20		20		19		20
Replicate:		A	B	C	D	B	A	C	C	B	C	D	A	B	C
Initials:		PB	PB	PB	PB	PB	PB	PB	PB	PB	CB	CB	CB	CB	CB

P.O. Dropped to 1.8.
aeration started 1600 PB

TEST I.D. 0ME60903

-CCV

Treatment ¹	Rep	Number of Live Fish							Fish Dry Weight Data (mg) ²			Notes
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Pan #	Tot. Wt.	Tare Wt.	
C CONTROL	A	10	10	10	10	10	10	10	49	19.83	9.44	
	B	10	10	10	10	10	10	10	52	10.36	7.50	
	C	10	10	10	10	10	10	10	51	19.85	9.11	
	D	10	10	10	10	10	10	10	52	20.38	9.52	
1 C: 0.50% V: 12	A	10	10	10	10	10	10	10	53	17.76	7.52	
	B	10	10	10	10	10	10	10	54	18.88	7.02	
	C	10	10	10	10	10	10	10	55	19.21	7.88	
	D	10	10	10	10	10	10	10	56	20.39	7.82	
2 C: 0.90% V: 21.6	A	10	10	10	10	10	10	10	52	17.59	7.12	
	B	10	10	10	10	10	10	10	58	18.80	8.65	
	C	10	10	10	10	10	10	10	59	21.15	9.32	
	D	10	10	10	10	10	10	10	60	17.97	8.01	
3 C: 1.80% V: 43.2	A	10	10	10	10	10	10	10	61	18.46	8.05	
	B	10	10	10	10	10	10	10	62	17.03	8.12	
	C	10	10	10	10	10	10	10	63	18.66	7.98	
	D	10	10	10	10	10	10	10	64	19.35	9.44	
4 C: 3.60% V: 86.4	A	10	10	10	10	10	10	10	65	19.10	8.32	
	B	10	10	10	10	10	10	10	66	18.08	8.02	
	C	10	10	10	10	10	10	10	67	19.38	8.23	
	D	10	10	10	10	10	10	9	68	16.64	8.03	
5 C: 1.50% V: 24.00	A	10	10	10	10	10	10	10	69	16.93	7.36	
	B	10	10	10	10	10	10	10	70	17.41	7.06	
	C	10	10	10	10	10	10	10	71	19.55	7.21	
	D	10	10	10	10	10	10	10	72	16.45	7.93	
Renewal/Count Time:		1120	1315	1150	1355	1125	1425	1215	Tare Wt: Date: 9/20 Calib. Chk (10.00 mg ⁴): 10.49 Init: C9			
Initials:		FB	FB	FD	FB	CA	CB	MB	Tot. Wt: Date: 9/25 Calib. Chk (10.00 mg ⁴): 10.00 Init: RA			

¹ C = Concentration; V = Volume (ml) sample added to total volume of 21.00 ml for preparation of solutions. ² See printout of statistical analyses for biomass weights by replicate.

³ Time of final count = test end time. ⁴ True value ± estimated uncertainty of calibration weight (NIST traceable annual certification) = 10.49 ± 0.45 mg

Larval Fish Growth and Survival Test-7 Day Survival

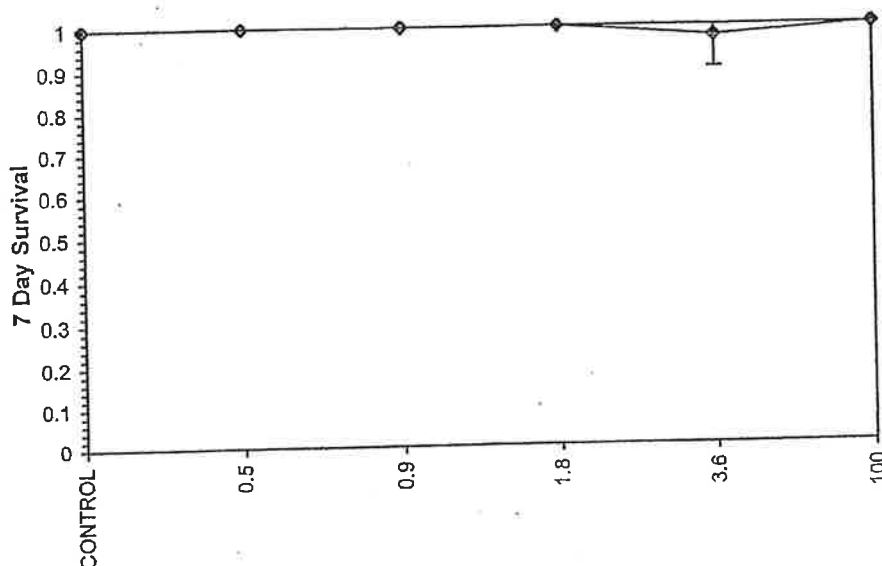
Start Date: 9/15/2009 12:00 Test ID: OMEG0903CV Sample ID: OUTFALL 001
 End Date: 9/22/2009 12:15 Lab ID: CBI Sample Type: WW
 Sample Date: Protocol: EPAM 94-EPA Marine Test Species: CV-Cyprinodon variegatus
 Comments:

Conc-%	1	2	3	4
CONTROL	1.0000	1.0000	1.0000	1.0000
0.5	1.0000	1.0000	1.0000	1.0000
0.9	1.0000	1.0000	1.0000	1.0000
1.8	1.0000	1.0000	1.0000	1.0000
3.6	1.0000	1.0000	1.0000	0.9000
100	1.0000	1.0000	1.0000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root				N	Rank Sum	1-Tailed Critical
			Mean	Min	Max	CV%			
CONTROL	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4		
0.5	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
0.9	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
1.8	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
3.6	0.9750	0.9750	1.3713	1.2490	1.4120	5.942	4	16.00	10.00
100	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution ($p \leq 0.01$)	0.46508	0.884	-3.0206	13.9892
Equality of variance cannot be confirmed				
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU
Steel's Many-One Rank Test	100	>100		1

Dose-Response Plot



Larval Fish Growth and Survival Test-7 Day Biomass

Start Date: 9/15/2009 12:00 Test ID: OMEG0903CV Sample ID: OUTFALL 001
 End Date: 9/22/2009 12:15 Lab ID: CBI Sample Type: WW
 Sample Date: Protocol: EPAM 94-EPA Marine Test Species: CV-Cyprinodon variegatus
 Comments:

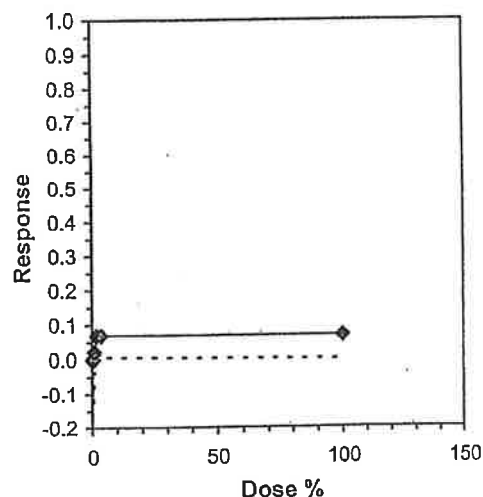
Conc-%	1	2	3	4
CONTROL	1.0390	0.8860	1.0740	1.0810
0.5	1.0190	1.1810	1.1330	1.2520
0.9	1.0470	1.0150	1.1780	0.9960
1.8	1.0410	0.8910	1.0680	0.9710
3.6	1.0730	1.0060	1.1150	0.8610
100	0.9570	1.0350	1.2340	0.8520

Conc-%	Transform: Untransformed							t-Stat	1-Tailed Critical	MSD	Isotonic	
	Mean	N-Mean	Mean	Min	Max	CV%	N				Mean	N-Mean
CONTROL	1.0200	1.0000	1.0200	0.8860	1.0810	8.941	4				1.0831	1.0000
0.5	1.1463	1.1238	1.1463	1.0190	1.2520	8.542	4	-1.661	2.410	0.1832	1.0831	1.0000
0.9	1.0590	1.0382	1.0590	0.9960	1.1780	7.750	4	-0.513	2.410	0.1832	1.0590	0.9777
1.8	0.9928	0.9733	0.9928	0.8910	1.0680	7.978	4	0.358	2.410	0.1832	1.0087	0.9313
3.6	1.0138	0.9939	1.0138	0.8610	1.1150	10.978	4	0.082	2.410	0.1832	1.0087	0.9313
100	1.0195	0.9995	1.0195	0.8520	1.2340	15.838	4	0.007	2.410	0.1832	1.0087	0.9313

Auxiliary Tests					Statistic	Critical	Skew	Kurt		
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.97698	0.884	0.032	-0.2074		
Bartlett's Test indicates equal variances (p = 0.84)					2.0883	15.0863				
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test	100	>100		1	0.18324	0.17964	0.0123	0.01156	0.41252	5, 18

Linear Interpolation (200 Resamples)

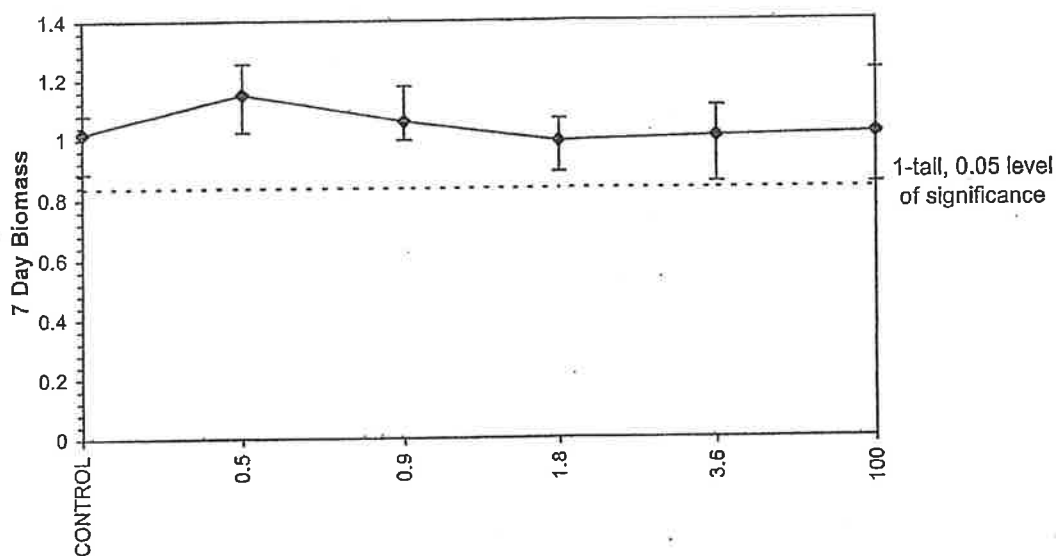
Point	%	SD	95% CL(Exp)	Skew
IC05	1.4370			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Larval Fish Growth and Survival Test-7 Day Biomass

Start Date: 9/15/2009 12:00	Test ID: OMEG0903CV	Sample ID: OUTFALL 001
End Date: 9/22/2009 12:15	Lab ID: CBI	Sample Type: WW
Sample Date:	Protocol: EPAM 94-EPA Marine	Test Species: CV-Cyprinodon variegatus
Comments:		

Dose-Response Plot



EFFLUENT SAMPLE & DILUTION WATER CHARACTERISTICS
SALTWATER TESTS

FORM ETF2032D

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

INITIAL SAMPLE CHARACTERIZATION ¹								
Sample Bottle ²	A-1	B-1	C-1	NOTES:				
Tot. Res. Chlorine (mg/l)	<Q.L.	<Q.L.	<Q.L.					
Hardness (mg/l CaCO ₃)	2840	2980	2920					
Alkalinity (mg/l CaCO ₃)	99	106	144					
NH ₃ -N (mg/l)	2.7	3.2	3.3					
Color/Appearance ³	CY	CY	CY					
Obvious Odor?	no	no	NO					
Date/Time	9/15/09 145	9/17/09 100	9/18/09 105					
Initials	PB	PB	bja					
SAMPLE PREPARATION MEASUREMENTS (100% concentration)								
Sample Bottle ²	A-1	A-2	B-1	C-1	C-2	C-3	C-4	B-2
Prep Temperature (°C)	26	26	25	25	26	25	26	25
Initial Salinity (g/kg)	16	16	16	16	16	16	16	16
Adjusted Salinity (g/kg)	20	20	20	20	20	19	19	20
DO (mg/l) After Warm/Sal	6.2	4.4	5.5	4.3	4.4	2.3	1.1	3.4
Aeration Time (min)	—	—	—	—	—	—	4.5	3.0
Adjusted D.O.	—	—	—	—	—	—	5.2	6.2
Final pH (S.U.)	7.31	7.23	7.35	7.08	7.13	7.44	7.42	7.26
Tot. Res. Chlorine (mg/l) ⁴	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Sample Filtered (60 um)?	no	no	no	no	no	no	no	no
Date/Time	9/15/09 1135	9/16/09 1120	9/17/09 1305	9/18/09 1130	9/19/09 1320	9/20/09 1115	9/21/09 1405	9/17/09 1420
Initials	PB	PB	PB	PA	PA	PA	PA	PB
DILUTION WATER CHARACTERISTICS								
Vat Number/Letter	D	D	D	D	D	D	D	F
Temperature (°C)	25	25	25	25	25	25	25	26
Salinity (g/kg)	20	20	21	21	20	20	20	20
D.O. (mg/l)	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
pH (S.U.)	7.74	7.83	7.95	7.99	7.83	7.99	7.86	7.71
Date/Time	9/15/09 0845	9/16/09 0830	9/17/09 0745	9/18/09 0815	9/19/09 1340	9/20/09 1030	9/22/09 1200	9/17/09 1300
Initials	PB	PB	PB	PB	PB	PA	PA	PB

¹Q.L. = Quantification Limit, N.D. = Not Determined/Measured, NA = Not Applicable

²Ninth character of Laboratory Sample I.D. (on chain of custody form) and bottle number in collection series (e.g. bottle "A-2" is sample bottle number 2 from "A" collection). Together with project ID below constitutes entire sample bottle ID.

³C-Clear, O-Opaque, T-Turbid, S-Solids (SI-Slight, M-Moderate, H-Heavy), Y-Yellow, B-Brown, BI-Black, G-Green

⁴Total residual chlorine measured after sample prep only if present in initial sample characterization

Peer Rev by CB/PB Date 9/21/09

PROJECT I.D. OMEG0903
(First 8 characters of Laboratory Sample ID)



PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ET-2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

0	m	E	G	0	9	0	3	-	A
A	A	A	A	Y	Y	N	N		Spl

Project ID

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>
NPDES PERMIT NO <u>VA0003867</u>		OUTFALL # OR LOCATION
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED?	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?
TESTS	SPECIES OR EPA METH # <u>m. bahia</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>
REQUESTED:	SPECIES OR EPA METH # <u>C. variegatus</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>
OTHER TESTS:		

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/14/09 07:00</u>	SAMPLE END DATE & TIME <u>9/15/09 07:00</u>	AUTOSAMPLER TEMP. (°C) <u>4.1°C</u>
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200</u>
	SET VOLUME <u>175,500 gal/hr</u>	TIME INCREMENT <u>15 min</u>
	SAMPLE SUBSAMPLE	TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
<u>31.2</u>	<u>7.4</u>	<u>4.0</u>		<u>7:15 9/15/09</u>	<u>TS</u>

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ted Schultz Technical Supervisor
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST)

Ted Schultz
(SIGNATURE)

9/15/09
(DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>J.R. Hall</u>	<u>9/15/09</u>	<u>10:15</u>	<u>P. Blasco</u>

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 3 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.



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SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ET2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

0	m	e	G	0	9	0	3	B
A	A	A	A	Y	Y	N	N	A
Project ID								Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>	
NPDES PERMIT NO <u>VA0003267</u>		OUTFALL # OR LOCATION <u>001</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS SPECIES OR EPA METH # <u>m. bahia</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		
REQUESTED: SPECIES OR EPA METH # <u>C. variegatus</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		
OTHER TESTS:			

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/16/09 07:15</u>	SAMPLE END DATE & TIME <u>9/17/09 07:15</u>	AUTOSAMPLER TEMP. (°C) <u>4.0</u>
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200</u>
	SET VOLUME SUBSAMPLE	TIME INCREMENT <u>15 min</u>
	SET VOLUME FLOW <u>175,500 gal/day</u>	TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C) <u>33.4</u>	DISCHARGE pH (S.U.) <u>7.06</u>	SAMPLE TEMP (°C) <u>4.0</u>	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835) <u>9/17/09 08:00</u>	INITIALS <u>VAS</u>
------------------------------------	------------------------------------	--------------------------------	-------------------	---	------------------------

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ted Schultz Technical Supervisor (PRINTED NAME/AFFILIATION SAMPLER/ANALYST)
Ted Schultz (SIGNATURE)
9/17/09 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JR Hall</u>	<u>9/17/09</u>	<u>10:45</u>	<u>[Signature]</u>
	<u>9/17/09</u>		

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY _____ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE _____ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 2 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.



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PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

D	M	E	G	D	A	O	3	C
A	A	A	A	Y	Y	N	N	A
Project ID								Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>	
NPDES PERMIT NO <u>VA 0003867</u>		OUTFALL # OR LOCATION <u>001</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS SPECIES OR EPA METH # <u>m. bahia</u>	ACUTE <input checked="" type="checkbox"/> CHRONIC <input type="checkbox"/>		
REQUESTED: SPECIES OR EPA METH # <u>C. variegatus</u>	ACUTE <input checked="" type="checkbox"/> CHRONIC <input type="checkbox"/>		
OTHER TESTS:			

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/12/09 07:15</u>	SAMPLE END DATE & TIME <u>9/12/09 07:15</u>	AUTOSAMPLER TEMP. (°C) <u>4.0</u>
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200ml</u>
	SET VOLUME <u>99</u>	TIME INCREMENT <u>15 min</u>
	SAMPLE SUBSAMPLE	FLOW <u>175,500/day</u>
		TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
<u>33.1</u>	<u>7.2</u>	<u>3.8</u>		<u>9/12/09 0730</u>	<u>IAS</u>

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JR Paul</u>	<u>9/18/09</u>	<u>10:10</u>	<u>Beverly Foxall</u>

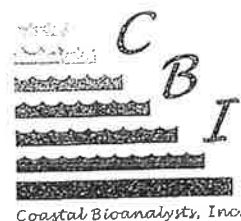
SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 5 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

Client: Omega Protein
 Project ID: OMEG0904
 Client Sample ID: Outfall 002
 Permit No: VA0003867
 Sample Period: 9/23/09



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To: Mr. Ted Schultz Regulatory Compliance Officer Omega Protein P.O. Box 175 Reedville, VA 22539	Prepared By: Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director
--	---

Acute Test Results				
Species-Test Method	48-h LC50	95% C.L.	T.U. _{Ac}	NOAEC
<i>M. bahia</i> EPA 2007.0	>100	N/A	<1.00	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable. Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits.

Acute Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	6.25	12.5	25.0	50.0	100
<i>M. bahia</i> EPA 2007.0	Survival (%):	100	100	100	100	100	55

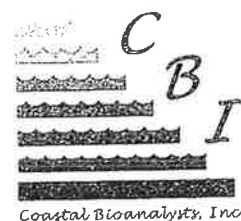
Test Information	Start Date/Time	Organism	Hatch/Harvest	Acclimation	Acclimation	Test
Species-Method	End Date/Time	Source	Date/Time	Temp.	Water	Aerated?
<i>M. bahia</i>	9/23/09 1520	CBI	9/17/09 1100		HWM ASW	
EPA 2007.0	9/25/09 1530	Stock	9/18/09 0800	25° C	20 g/kg sal.	No

Sample/Dilution Water Data		Acute Test	
Water Quality Parameter (Units)	Sample	Dilution	Water
Arrival Temperature (°C)	4		N/A
Use Temperature (°C)	26		26
Arrival Salinity (g/kg)	3		N/A
Use Salinity (g/kg)	20		20
pH (S.U.)	7.07		7.70
Dissolved Oxygen (mg/l)	7.0		7.3
Total Hardness (mg/l as CaCO ₃)	344		N/A
Alkalinity (mg/l as CaCO ₃)	323		N/A
Total Residual Chlorine (mg/l)	<Q.L.		N/A
Ammonia (mg/l NH ₃ -N)	18.2		N/A

*Dilution water = Hawaiian Marine Mix ASW made with deionized water

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1 st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
OMEG0904-A	9/23/09 0800	9/23/09 1520	N/A	Salt added

Client: Omega Protein
 Project ID: OMEG0904
 Client Sample ID: Outfall 002
 Permit No: VA0003867
 Sample Period: 9/23/09



Acute Test Water Quality (Mean/Std. Dev.)						
Test:	<i>M. bahia</i> 2007.0					
% Conc:	Cont.	6.25	12.5	25.0	50.0	100
Temp. (°C)	26	26	26	26	26	26
	0.5	0.5	0.5	0.5	0.5	0.5
D.O. (mg/l)	6.2	6.1	6.0	5.8	5.6	5.4
	1.0	1.0	1.0	1.2	1.3	1.6
pH (S.U.)	7.59	7.58	7.55	7.52	7.61	7.74
	0.07	0.07	0.08	0.16	0.38	0.60

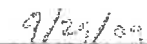
Acute Test QA/QC		Reference Toxicant: KCl Units: mg/l		Test Organism Source: CBI Stock Cultures	
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. for LC50	RTT in Control?
<i>M. bahia</i> 2007.0 (9/8/09-9/10/09)	RTT	100	526	481-576	Yes
	CC	100	610	504-716	

Note: RTT = Reference Toxicant Test, CC = Control Chart

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory.

APPROVED:


 Peter F. De Lisle, Ph.D.
 Technical Director


 Date

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

N/A: Not applicable. **N/D:** Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Cr} = 100/NOEC$. A dimensionless unit.

MYSIDOPSIS BAHIA STATIC ACUTE WET TEST
48-H TEST (AMB) FORM ETF1011F

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

% Effluent Lab	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Control	C-A	10	10	10	100
	C-B	10	10	10	
6.25	1-A	10	10	10	100
	1-B	10	10	10	
12.5	2-A	10	10	10	100
	2-B	10	10	10	
25.0	3-A	10	10	10	100
	3-B	10	10	10	
50.0	4-A	10	10	10	100
	4-B	10	10	10	
100	5-A	10	10	5	55
	5-B	10	10	6	
Initials:		PB	PR	CA	
Count Time:		1520	0915	1530	*Test End Time

Species: *Mysidopsis (Americamysis) bahia*

Source: CBI stock cultures ☒

Other: _____

Harvest: Date/time start: 9/17/09 1100

Date /time end: 9/18/09 0800

Acclimation: Water: ASW 20 g/kg salinity ☒

Other: _____

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: *Artemia nauplii*
ca. 100 /mysid/day

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ☒ 400 ml ☐ 250 ml

Solution volume: ☒ 200 ml ☐ ml

Number of replicates/treatment: 2

Initial number of mysids/replicate: 10

Set up: Date (Day 0): 9/23/09

Time water added: 1510

Time mysids added: 1520

Set up by (initials): PB

NOTES:

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	26	26	25
	1	26	26	25
	2	26	26	25
	3	26	26	25
	4	26	26	25
	5	26	26	24
pH (S.U.)	C	7.65	7.60	7.51
	1	7.58	7.65	7.51
	2	7.50	7.65	7.51
	3	7.35	7.67	7.55
	4	7.18	7.76	7.90
	5	7.07	7.95	8.21
D.O. (mg/l)	C	7.3	5.5	5.7
	1	7.3	5.4	5.6
	2	7.2	5.3	5.5
	3	7.2	5.2	5.0
	4	7.1	5.1	4.6
	5	7.1	5.1	4.6
Salinity (g/kg)	C	20		20
	1			
	2			
	3			
	4			
	5	20		20
Replicate Measured:		A	B	B
Initials:		PB	PR	CA
TRC (mg/l) in highest conc. at end of test:				NA

Peer Rev. by: CB/PB Date: 9/25/09

TEST I.D. 0mEL0404 -AMB

EFFLUENT SAMPLE & DILUTION WATER CHARACTERISTICS
SALTWATER TESTS

FORM ETF2032D

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

INITIAL SAMPLE CHARACTERIZATION ¹									
Sample Bottle ²	A-1					NOTES:			
Tot. Res. Chlorine (mg/l)	222								
Hardness (mg/l CaCO ₃)	344								
Alkalinity (mg/l CaCO ₃)	323								
NH ₃ -N (mg/l)	18.2								
Color/Appearance ³	C								
Obvious Odor?	N/D								
Date/Time	9/23/05								
Initials	EB								
SAMPLE PREPARATION MEASUREMENTS (100% concentration)									
Sample Bottle ²	A-1								
Prep Temperature (°C)	24								
Initial Salinity (g/kg)	3								
Adjusted Salinity (g/kg)	20								
DO (mg/l) After Warm/Sal	7.0								
Aeration Time (min)	—								
Adjusted D.O.	—								
Final pH (S.U.)	7.07								
Tot. Res. Chlorine (mg/l) ⁴	N.A.								
Sample Filtered (60 um)?	no								
Date/Time	9/23/05								
Initials	EB								
DILUTION WATER CHARACTERISTICS									
Vat Number/Letter	B								
Temperature (°C)	24								
Salinity (g/kg)	20								
D.O. (mg/l)	7.3								
pH (S.U.)	7.70								
Date/Time	9/23/05								
Initials	EB								

¹Q.L. = Quantification Limit, N.D. = Not Determined/Measured, NA = Not Applicable

²Ninth character of Laboratory Sample I.D. (on chain of custody form) and bottle number in collection series (e.g. bottle "A-2" is sample bottle number 2 from "A" collection). Together with project ID below constitutes entire sample bottle ID.

³C-Clear, O-Opaque, T-Turbid, S-Solids (SI-Slight, M-Moderate, H-Heavy), Y-Yellow, B-Brown, BI-Black, G-Green

⁴Total residual chlorine measured after sample prep only if present in initial sample characterization

Peer Rev by EB Date 9/24/09

PROJECT I.D. OMEGA909
(First 8 characters of Laboratory Sample ID)



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011D Rev. 10/10/07)

Lab Sample ID
(Lab Use Only)

O M E G O 9 U I - A
A A A A Y Y N N A

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz</u>
NPDES PERMIT NO <u>VA 0003867</u>	OUTFALL # OR LOCATION <u>002</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?
TESTS REQUESTED: SPECIES OR EPA METH # <u>M. bahia</u>	ACUTE <input checked="" type="checkbox"/> CHRONIC <input type="checkbox"/>	
SPECIES OR EPA METH # <u>C. varieg ?</u>	ACUTE <input type="checkbox"/> CHRONIC <input type="checkbox"/>	
OTHER TESTS: <u>see attached.</u>		

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

COMPOSITE START DATE & TIME <u>9/22/09 08:00</u>		COMPOSITE END DATE & TIME <u>9/23/09 08:00</u>	
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES	VOL (ml) SUBSAMPLES	TIME INCREMENT
SET VOLUME SUBSAMPLE <u>50 ml</u>	SET VOLUME <u>1 sample</u>	FLOW <u>1000 gal</u>	TOTAL VOLUME <u>152,000 gal</u>

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
<u>25.1</u>	<u>6.68</u>	<u>4</u>		<u>9/23/09 8:10</u>	<u>MS</u>

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Theodore Schultz / Technical Supervisor Theodore Schultz 9/23/09
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JR Hall</u>	<u>9/23/09</u>	<u>10:40</u>	<u>D. Bain</u>

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 4 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	13:05	<2	9.42	<0.1	16.3	7.87	19	13:15	<2	9.25	<0.1	16.2	7.93	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: *Landcaster*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
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16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	12:40	<2	9.50	<0.1	16.5	7.98	19	12:50	2.2	9.30	<0.1	16.5	8.21	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: *Tideland*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
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19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	12:40	<2	9.50	<0.1	16.5	7.98	19	12:50	2.2	9.30	<0.1	16.5	8.21	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Tideland*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
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17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	13:05	<2	9.42	<0.1	16.3	7.87	19	13:15	<2	9.25	<0.1	16.2	7.93	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Landcaster*

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/1/09 To 10/4/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Small 11/9/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/5/09 To 10/11/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<u>✓</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Will E. Schultz 11/12/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/14/07 To 10/17/07

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore A Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 11/9/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/19/09 To 10/25/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 11/9/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/26/09 To 10/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 11/01/2009
Signature of Principal Officer or Authorized Agent / Date



**OMEGA
PROTEIN®**

Healthy Products for a Healthy World®

Theodore Schultz
Regulatory Compliance

RECEIVED
OCT 05 2009
PRO

Patrick L. Bishop
Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060-6296

October 2, 2009

Re: VA0003867 Part I.C.1.a Biological Monitoring (Outfall 001)

Dear Patrick;

Please find enclosed two copies (2) of test report for Outfall 001 for 2nd Quarter WET testing.

Should any additional information be needed, please contact me via email or phone.

Sincerely,

Ted Schultz
Technical Supervisor
tschultz@omegaproteininc.com

Attachments

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To: Mr. Ted Schultz Regulatory Compliance Officer Omega Protein P.O. Box 175 Reedville, VA 22539	Prepared By: Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23071 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director
--	---

Acute Test Results				
Species-Test Method	48-h LC50	95% C.L.	T.U. _{Ac}	NOAEC
<i>M. bahia</i> EPA 2007.0	>100	N/A	<1.00	N/A
<i>C. variegatus</i> EPA 2004.0	>100	N/A	<1.00	N/A

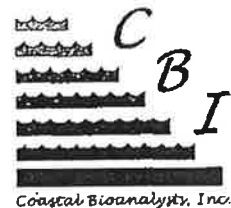
Chronic Test Results										
Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	T.U. _C	IC25	48-h LC50	LC50 95% C.L.	T.U. _{Ac}
<i>M. bahia</i> EPA 1007.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	100	>100	>100	23	1.00	>100	N/A	N/A	N/A
	Fecundity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>C. variegatus</i> EPA 1004.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	100	>100	>100	18	1.00	>100	N/A	N/A	N/A

Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable. Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits.

Acute Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	3.50	7.00	14.0	28.0	100
<i>M. bahia</i> EPA 2007.0	Survival (%):	100	100	100	100	100	100
<i>C. variegatus</i> EPA 2004.0	Survival (%):	100	100	100	100	100	100

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	0.50	0.90	1.80	3.60	100
<i>M. bahia</i> EPA 1007.0	Survival (%):	95	93	100	95	93	98
	Biomass (mg)	0.313	0.305	0.367	0.370	0.337	0.392
	Fecundity (%):	27	45	33	32	25	26
<i>C. variegatus</i> EPA 1004.0	Survival (%):	100	100	100	100	98	100
	Biomass (mg):	1.020	1.146	1.059	0.993	1.014	1.020

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09



Test Information	Start Date/Time	Organism	Hatch/Harvest	Acclimation	Acclimation	Test
Species-Method	End Date/Time	Source	Date/Time	Temp.	Water	Aerated?
<i>M. bahia</i>	9/17/09 1500	CBI	9/15/09 1100		HWM ASW	
EPA 2007.0	9/19/09 1450	Stock	9/16/09 1100	25° C	20 g/kg sal.	Yes
<i>C. variegatus</i>	9/17/09 1510	CBI	9/5/09 1200		HWM ASW	
EPA 2004.0	9/19/09 1500	Stock	9/6/09 1200	25° C	20 g/kg sal.	Yes
<i>M. bahia</i>	9/15/09 1215	CBI	9/7/09 1000		HWM ASW	
EPA 1007.0	9/22/09 1255	Stock	9/8/09 1000	25° C	20 g/kg sal.	Yes
<i>C. variegatus</i>	9/15/09 1200	CBI	9/14/09 1630		HWM ASW	
EPA 1004.0	9/22/09 1215	Stock	9/15/09 1030	25° C	20 g/kg sal.	Yes

Sample/Dilution Water Data	Acute Test		Chronic Test			
	Sample	Dilution Water	Sample		Dilution Water	
			Mean	Std. Dev.	Mean	Std. Dev.
Water Quality Parameter (Units)						
Arrival Temperature (°C)	2	N/A	3	1.5	N/A	N/A
Use Temperature (°C)	25	26	26	0.5	25	0
Arrival Salinity (g/kg)	16	N/A	16	0	N/A	N/A
Use Salinity (g/kg)	20	20	20	0.5	20	0.5
pH (S.U.)	7.26	7.71	7.28	0.14	7.88	0.09
Dissolved Oxygen (mg/l)	6.2	7.3	4.7	2.0	7.3	0
Total Hardness (mg/l as CaCO ₃)	2980	N/A	2913	70	N/A	N/A
Alkalinity (mg/l as CaCO ₃)	106	N/A	102	3.8	N/A	N/A
Total Residual Chlorine (mg/l)	<Q.L.	N/A	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH ₃ -N)	2.7	N/A	3.1	0.3	N/A	N/A

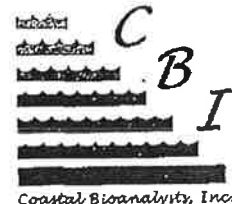
*Dilution water = Hawaiian Marine Mix ASW made with deionized water

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1 st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
OMEG0903-A	9/15/09 0700	9/15/09 1200, 1215	9/16/09 1120, 1140	Salt Added
OMEG0903-B	9/17/09 0715	9/17/09 1315, 1330 9/17/09 1500, 1510*	N/A	Salt Added Aerated 0-3 min
OMEG0903-C	9/18/09 0715	9/18/09 1150, 1200	9/19/09 1355, 1405 9/20/09 1125, 1140 9/21/09 1020, 1030	Salt Added, Aerated 0-4.5 min

*Acute tests

Acute Test Water Quality (Mean/Std. Dev.)												
Test:	<i>M. bahia</i> 2007.0						<i>C. variegatus</i> 2004.0					
% Conc:	Cont.	3.50	7.00	14.0	28.0	100	Cont.	3.50	7.00	14.0	28.0	100
Temp. (°C)	25	25	25	25	25	25	25	25	25	25	25	25
	0	0	0	0	0	0	0	0	0	0	0	0
D.O. (mg/l)	7.2	7.1	7.1	7.1	7.0	6.7	7.1	7.1	7.1	7.0	7.0	6.6
	0.1	0.1	0.1	0.1	0.1	0.6	0.2	0.1	0.1	0.1	0.1	0.6
pH (S.U.)	7.91	7.89	7.91	7.93	7.93	7.90	7.92	7.89	7.91	7.80	7.93	7.88
	0.07	0.09	0.11	0.13	0.16	0.33	0.08	0.10	0.13	0.28	0.18	0.31

Client: Omega Protein
 Project ID: OMEG0903
 Client Sample ID: Outfall 001
 Permit No: VA0003867
 Sample Period: 9/15/09 to 9/18/09



Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	<i>M. bahia</i> 1007.0						<i>C. variegatus</i> 1004.0					
% Conc:	Cont.	0.50	0.90	1.80	3.60	100	Cont.	0.50	0.90	1.80	3.60	100
Temp.	25	25	25	25	25	25	25	25	25	25	25	25
(°C)	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
D.O.	7.0	6.9	6.9	6.8	6.8	6.1	7.0	7.0	6.9	6.9	6.8	6.0
(mg/l)	0.3	0.4	0.4	0.4	0.5	0.8	0.3	0.3	0.3	0.3	0.4	0.8
pH	7.77	7.75	7.76	7.74	7.78	7.69	7.70	7.72	7.72	7.73	7.71	7.58
(S.U.)	0.13	0.08	0.10	0.18	0.10	0.18	0.08	0.09	0.08	0.09	0.16	0.22
Salinity	20	20	20	20	20	20	20	20	20	20	20	20
(g/kg)	0.4	0.4	0.4	0.4	0.4	0.6	0.4	0.4	0.4	0.4	0.4	0.6

Acute Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures					
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. for LC50	RTT in Control?
<i>M. bahia</i> 2007.0 (9/8/09-9/10/09)	RTT	100	526	481-576	Yes
	CC	100	610	504-716	
<i>C. variegatus</i> 2004.0 (9/8/09-9/10/09)	RTT	100	1112	997-1239	Yes
	CC	99	1094	925-1263	

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Biomass (mg)					RTT in Control?
		Cont	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
<i>M. bahia</i> 1007.0 (9/8/09-9/15/09)	RTT	90	250	0.36	250	29	349	N/A	Yes
	CC	93	250	0.32	250	22	484	341-628	
<i>C. variegatus</i> 1004.0 (9/8/09-9/15/09)	RTT	98	1000	1.45	500	12	1069	N/A	Yes
	CC	99	1000	1.26	500	14	954	611-1298	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group. Based on control chart data (n>62) fecundity (Method 1007.0) is not a sensitive endpoint for KCl toxicity and hence not reported; fecundity data available upon request.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory.

APPROVED:


 Peter F. De Lisle, Ph.D.
 Technical Director

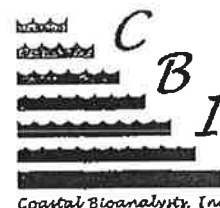
9/29/09
 Date

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

Client: Omega Protein
Project ID: OMEG0903
Client Sample ID: Outfall 001
Permit No: VA0003867
Sample Period: 9/15/09 to 9/18/09



C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean \pm 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Ch} = 100/NOEC$. A dimensionless unit.

MYSIDOPSIS BAHIA STATIC ACUTE WET TEST
48-H TEST (AMB) FORM ETF1011F

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Lab Control	C-A	10	10	10	100
	C-B	10	10	10	
3.5%	1-A	10	10	10	100
	1-B	10	10	10	
7.0%	2-A	10	10	10	100
	2-B	10	10	10	
14.0%	3-A	10	10	10	100
	3-B	10	10	10	
28.0%	4-A	10	10	10	100
	4-B	10	10	10	
100%	5-A	10	10	10	100
	5-B	10	10	10	
Initials:		PB	PB	PB	
Count Time:		1500	0900	1450	*Test End Time

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	25	25	25
	1	25	25	25
	2	25	25	25
	3	25	25	25
	4	25	25	25
	5	25	25	25
pH (S.U.)	C	7.83	7.97	7.93
	1	7.80	7.98	7.88
	2	7.78	7.99	7.95
	3	7.78	8.04	7.97
	4	7.74	8.05	7.99
	5	7.52	8.07	8.10
D.O. (mg/l)	C	7.3	7.1	7.1
	1	7.2	7.1	7.0
	2	7.2	7.1	7.1
	3	7.1	7.0	7.1
	4	7.0	7.0	7.1
	5	6.00	7.1	7.1
Salinity (g/kg)	C	20		21
	1			
	2			
	3			
	4			
	5	20		21
Replicate Measured:		A	B	A
Initials:		PB	PB	big
TRC (mg/l) in highest conc. at end of test:				NA

Species: *Mysidopsis (Americamysis) bahia*

Source: CBI stock cultures ☒

Other: _____

Harvest: Date/time start: 9/15/09 1100

Date/time end: 9/16/09 1100

Acclimation: Water: ASW 20 g/kg salinity ☒

Other: _____

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: *Artemia nauplii*
ca. 100 /mysid/day

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ☒ 400 ml ☐ 250 ml

Solution volume: ☒ 200 ml ☐ ml

Number of replicates/treatment: 2

Initial number of mysids/replicate: 10

Set up: Date (Day 0): 9/17/09

Time water added: 1445

Time mysids added: 1500

Set up by (Initials): PB

NOTES:

① D.O. dropped to 7.1
Test arrested @ 1600. AS

Peer Rev. by: PB Date: 9/28/09

TEST I.D. 0MEG0903 -AMB

CYPRINODON VARIEGATUS STATIC ACUTE WET TEST
48-H TEST (ACV) FORM ETF1021E

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Lab	C-A	10	10	10	100
	C-B	10	10	10	
3.50	1-A	10	10	10	100
	1-B	10	10	10	
7.00	2-A	10	10	10	100
	2-B	10	10	10	
14.0	3-A	10	10	10	100
	3-B	10	10	10	
28.0	4-A	10	10	10	100
	4-B	10	10	10	
100	5-A	10	10	10	100
	5-B	10	10	10	
Initials:		PS	PS	PS	
Count Time:		1510	0905	1500	*Test End Time

Species: *Cyprinodon variegatus*

Source: CBI stock cultures

Other:

Hatch: Date/time start: 9/5/09 1200

Date /time end: 9/6/09 1200

Acclimation: Water: ASW, 20 g/kg salinity

Other:

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: Not fed

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: 400 ml

Solution volume: 400 ml

Number of replicates/treatment: 2

Initial number of fish/replicate: 10

Set up: Date (Day 0): 9/17/09

Time water added: 1445

Time fish added: 1510

Set up by (initials): PS

NOTES:

① D.O. dropped to 4.0
Aeration started at ② 1600 PS

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	25	25	25
	1	25	25	25
	2	25	25	25
	3	25	25	25
	4	25	25	25
	5	25	25	25
pH (S.U.)	C	7.83	7.99	7.894
	1	7.80	8.00	7.88
	2	7.78	8.03	7.93
	3	7.78	8.09	7.54
	4	7.74	8.10	7.96
	5	7.52	8.10	8.01
D.O. (mg/l)	C	7.3	7.0	7.0
	1	7.2	7.0	7.1
	2	7.2	7.1	7.1
	3	7.1	6.9	6.9
	4	7.0	6.9	7.1
	5	6.02	6.9	7.0
Salinity (g/kg)	C	20		21
	1			
	2			
	3			
	4			
	5	20		21
Replicate Measured:		A	B	A
Initials:		PS	PS	hja
TRC (mg/l) in highest conc. at end of test:				NA

Peer Rev. by: PS/ Date: 9/28/09

TEST I.D. UMFG0903

-ACV

BASELINE TEST INFO - MYSID 7 DAY TEST

Coastal Bioanalysts, Inc
Form ETF0011D
Effective Date: 2/1/09

TEST ORGANISM INFO

Species: *Mysidopsis (Americamysis) bahia*
Source: CBI Stock Cultures: ✓
Other: _____

Acclimation: Water: ASW 20 g/kg salinity ✓
Other: _____
Temp. (°C): 25

Harvest Date/Time: From 9/7/09 1000
To 9/8/09 1000

Feeding Prior to Test: *Artemia ad libitum* 2X/day
Feeding During Test: *Artemia* ca. 75/mysid, 2X/day

Arrival Date: 9/15
(non-CBI)

TEST DESIGN

Test Chamber: 1000 ml Tri-pour Beaker ✓
Other: _____
Solution Vol: 200 ml ✓
Other: _____

Illumination: 16:8 L:D 10-20 uE/m²/s
Number of Replicates/Concentration: 8
Initial Number of Mysids/Replicate: 5

TEST SET UP (Day 0)

Set Up Date: 9/15/09
Set Up By: PS

Time Water Added: 1140
Time Animals Added: 1215

NOTES

Peer Review by PS/LS Date 9/28/09

Test I.D. AMEG4903 -CMB

Parameter	Treatment	Day 0 Initial	Day 1 Final	Day 1 Initial	Day 2 Final	Day 2 Initial	Day 3 Final	Day 3 Initial	Day 4 Final	Day 4 Initial	Day 5 Final	Day 5 Initial	Day 6 Final	Day 6 Initial	Day 7 Final
TEMP (°C)	C	24	25	26	25	25	25	26	25	26	25	25	25	25	25
	1	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	2	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	3	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	4	26	25	26	25	25	25	26	25	26	25	25	25	25	25
pH (S.U.)	C	7.86	7.67	7.70	7.68	7.72	7.87	7.79	7.80	7.71	7.84	7.77	7.43	7.89	7.99
	1	7.86	7.62	7.70	7.68	7.72	7.87	7.78	7.62	7.71	7.73	7.80	7.26	7.83	7.83
	2	7.86	7.62	7.76	7.69	7.72	7.87	7.79	7.68	7.71	7.80	7.85	7.41	7.88	7.91
	3	7.86	7.60	7.70	7.69	7.72	7.88	7.81	7.68	7.72	7.83	7.81	7.68	7.90	7.94
	4	7.86	7.61	7.70	7.69	7.72	7.90	7.76	7.86	7.72	7.81	7.81	7.48	7.83	7.92
	5	7.49	7.78	7.51	7.73	7.40	7.96	7.76	7.88	7.39	7.78	7.67	7.74	7.67	7.83
D.O. (mg/l)	C	7.3	6.4	7.0	6.3	7.0	7.1	7.3	7.0	7.1	7.1	7.2	7.1	7.1	7.1
	1	7.3	6.4	7.0	6.2	7.0	7.1	7.2	6.0	7.1	7.1	7.2	7.1	7.0	7.1
	2	7.2	6.4	7.0	6.0	7.0	7.0	7.1	6.4	7.1	7.0	7.2	7.1	6.8	7.0
	3	7.2	6.3	7.0	6.0	7.0	6.9	6.6	6.4	7.1	6.9	7.2	7.1	6.6	7.0
	4	7.2	6.3	6.2	5.7	7.0	6.8	6.9	7.2	7.1	6.8	7.1	7.1	6.3	6.9
	5	6.2	6.1	5.3	5.3	4.3 ^①	6.7	5.2	6.8	5.6	6.6	7.0	7.1	6.2	6.9
SALINITY (g/kg)	C		20		20		21		20		20		20		20
	1		20		20		21		20		20		20		20
	2		20		20		21		20		20		20		20
	3		20		20		21		20		20		20		20
	4		20		20		21		20		20		20		20
	5		20		20		21		20		20		19		20
Replicate:		A	B	C	H	B	G	G	E	B	C	D	A	B	E
Initials:		PB	PB	PB	PB	PB	PB	PB	PB	PB	CA	CA	LB	CB	LB

① DO dropped to 2.8
Aeration started at 1600. PB

TEST I.D. OME6-0903

-CMB

SURVIVAL DATA - MYSID 7 DAY TEST

Coastal Bioanalysts, Inc

Form ETF0013C

Effective Date: 11/27/07

Treatment	Rep Ltr	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Final % Live
C	A	5	5	5	5	5	5	5	95
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
1 0.50%	A	5	5	5	5	5	5	5	93
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
2 0.90%	A	5	5	5	5	5	5	5	100
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
3 1.80%	A	5	5	5	5	5	5	5	95
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
4 3.60%	A	5	5	5	5	5	5	5	93
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
5 1.40%	A	5	5	5	5	5	5	5	98
	B	5	5	5	5	5	5	5	
	C	5	5	5	5	5	5	5	
	D	5	5	5	5	5	5	5	
	E	5	5	5	5	5	5	5	
	F	5	5	5	5	5	5	5	
	G	5	5	5	5	5	5	5	
	H	5	5	5	5	5	5	5	
Renewal/Count Time:		1140	1330	1400	1405	1140	1430	1255*	
Initials:		PD	PB	PD	PB	CA	CB	CB	

*Volume sample added to total volume of 12.4L ml for preparation of dilutions. * Time of final count = test end time.

Test I.D. OMEGA-09 03

-CMB

FECUNDITY/GROWTH DATA - MYSID 7 DAY TEST

Coastal Bioanalysts, Inc
Form ETF0014G
Effective Date: 10/31/08

Treatment	Rep Ltr	Females w/eggs	Females No eggs	Males	Immature	Pan No.	Total ¹ Wt (mg)	Tare Wt (mg)
C	A	1	11	1		1	8.22	6.26
	B		111	11		2	7.92	6.58
	C		11	111		3	7.27	5.90
	D		111	11		4	8.39	6.98
	E	11	1	11		5	8.97	7.20
	F	1	11	1		6	8.68	7.22
	G	111	11			7	7.44	7.21
	H	1	111	1		8	8.41	6.94
1 0.521 % Conc.	A		1	11		9	9.65	8.41
	B	1	1	111		10	8.59	7.26
	C	11	1	11		11	8.67	7.12
	D	11	1	1		12	9.46	7.10
	E	1	11	11		13	8.73	6.71
	F	11	11	1		14	7.69	5.98
	G	11	1	11		15	8.27	6.43
	H	1	111			16	8.48	7.55
2 0.90 % Conc.	A		1111	1		17	7.26	5.45
	B	1	111	1		18	7.08	5.64
	C	1	111	1		19	7.65	5.43
	D	11	11	1		20	9.20	7.16
	E	1	11	11		21	8.69	6.82
	F	1	11	11		22	10.21	8.15
	G	1111		1		23	10.10	7.61
	H		11	111		24	8.04	6.31
3 1.80 % Conc.	A	1	11	1		25	8.53	6.88
	B	11	11			26	8.89	7.28
	C	1	111	1		27	10.22	7.98
	D	1	1	111		28	9.64	8.44
	E		1	111		29	11.28	9.36
	F		111	11		30	9.05	7.45
	G	11	1	11		31	8.68	6.66
	H	1	11	11		32	10.92	8.82
4 3.66 % Conc.	A	1	1	11		33	9.37	7.86
	B	11	11	1		34	10.23	8.32
	C	11	1	1		35	9.78	7.27
	D		1111			36	9.56	8.21
	E		111	11		37	9.64	8.08
	F		1111	1		38	8.07	6.64
	G		1	1111		39	10.79	8.64
	H	1	11	11		40	9.03	7.18
5 1.51 % Conc.	A	11	11	1		41	10.93	8.28
	B		1	111		42	10.18	8.46
	C		111			43	10.23	8.55
	D		111	11		44	10.84	8.61
	E	1	111	1		45	9.21	7.74
	F		111	11		46	10.43	8.50
	G	111	1	1		47	10.21	7.44
	H	111	11			48	10.50	8.37

¹See printout of statistical analyses for biomass weights by replicate.²True value ± estimated uncertainty of calibration weight (NIST traceable annual certification) = 10.10 ± 0.05 mg

TARE WT: DATE: 9/20 INITIALS: LA CALIB. CHECK (10.00 mg²): 10.01
 TOTAL WT: DATE: 9/25 INITIALS: PB CALIB. CHECK (10.00 mg²): 10.00
 SEXED BY: C.B.

Test I.D. DMFG-0901

-CMB

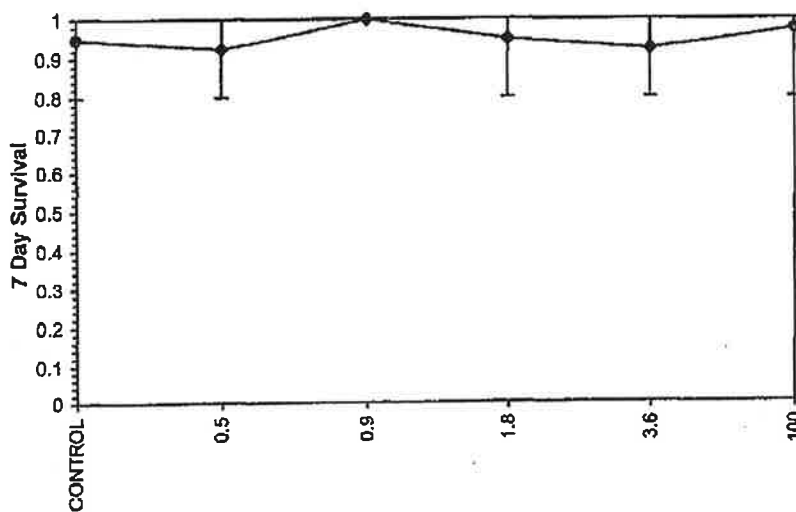
Mysid Survival, Growth and Fecundity Test-7 Day Survival					
Start Date:	9/15/2009 12:15	Test ID:	OMEG0903MB	Sample ID:	OUTFALL 003
End Date:	9/22/2009 12:55	Lab ID:	CBI	Sample Type:	WW
Sample Date:		Protocol:	EPAM 94-EPA Marine	Test Species:	MY-Mysidopsis bahia
Comments:					

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.8000	1.0000	1.0000	1.0000	1.0000	0.8000	1.0000	1.0000
0.5	0.8000	1.0000	1.0000	0.8000	1.0000	1.0000	1.0000	0.8000
0.9	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1.8	0.8000	0.8000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.6	0.8000	1.0000	0.8000	0.8000	1.0000	1.0000	1.0000	1.0000
100	1.0000	0.8000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Transform: Arcsin Square Root								Rank	1-Tailed
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	Sum	Critical
CONTROL	0.9500	1.0000	1.2857	1.1071	1.3453	8.574	8		
0.5	0.9250	0.9737	1.2560	1.1071	1.3453	9.813	8	64.00	46.00
0.9	1.0000	1.0526	1.3453	1.3453	1.3453	0.000	8	76.00	46.00
1.8	0.9500	1.0000	1.2857	1.1071	1.3453	8.574	8	68.00	46.00
3.6	0.9250	0.9737	1.2560	1.1071	1.3453	9.813	8	64.00	46.00
100	0.9750	1.0263	1.3155	1.1071	1.3453	6.400	8	72.00	46.00

Auxiliary Tests					Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test Indicates non-normal distribution ($p \leq 0.01$)					0.77039	0.929	-1.0511	-0.4334
Equality of variance cannot be confirmed								
Hypothesis Test (1-tail, 0.05)		NOEC	LOEC	ChV	TU			
Steel's Many-One Rank Test		100	>100		1			

Dose-Response Plot



Mysid Survival, Growth and Fecundity Test-Biomass

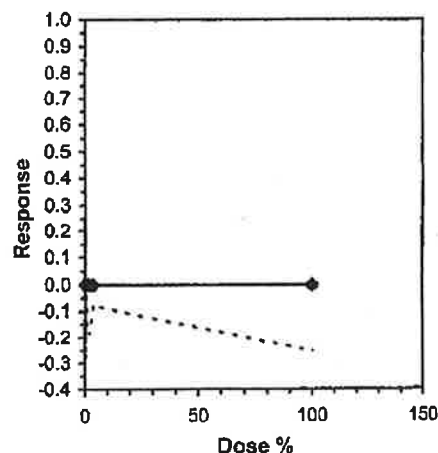
Start Date: 9/15/2009 12:15 Test ID: OMEG0903MB Sample ID: OUTFALL 003
End Date: 9/22/2009 12:55 Lab ID: CBI Sample Type: WW
Sample Date: Protocol: EPAM 94-EPA Marine Test Species: MY-Mysidopsis bahia
Comments:

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.2920	0.2680	0.2740	0.2820	0.3540	0.2920	0.4460	0.2940
0.5	0.2480	0.2660	0.3100	0.3120	0.4040	0.3420	0.3680	0.1860
0.9	0.2620	0.2880	0.3440	0.4080	0.3740	0.4120	0.4980	0.3460
1.8	0.3300	0.3220	0.4480	0.3200	0.3840	0.3200	0.4160	0.4200
3.6	0.3020	0.3820	0.3020	0.3100	0.3120	0.2860	0.4300	0.3700
100	0.4500	0.3440	0.3360	0.4460	0.2940	0.3860	0.4540	0.4260

Conc-%	Mean	N-Mean	Transform: Untransformed					t-Stat	1-Tailed		Isotonic	
			Mean	Min	Max	CV%	N		Critical	MSD	Mean	N-Mean
CONTROL	0.3128	1.0000	0.3128	0.2680	0.4460	19.154	8				0.3471	1.0000
0.5	0.3045	0.9736	0.3045	0.1860	0.4040	22.935	8	0.265	2.306	0.0718	0.3471	1.0000
0.9	0.3665	1.1719	0.3665	0.2620	0.4980	20.405	8	-1.727	2.306	0.0718	0.3471	1.0000
1.8	0.3700	1.1831	0.3700	0.3200	0.4480	14.374	8	-1.839	2.306	0.0718	0.3471	1.0000
3.6	0.3368	1.0767	0.3368	0.2860	0.4300	15.128	8	-0.771	2.306	0.0718	0.3471	1.0000
100	0.3920	1.2534	0.3920	0.2940	0.4540	15.654	8	-2.546	2.306	0.0718	0.3471	1.0000

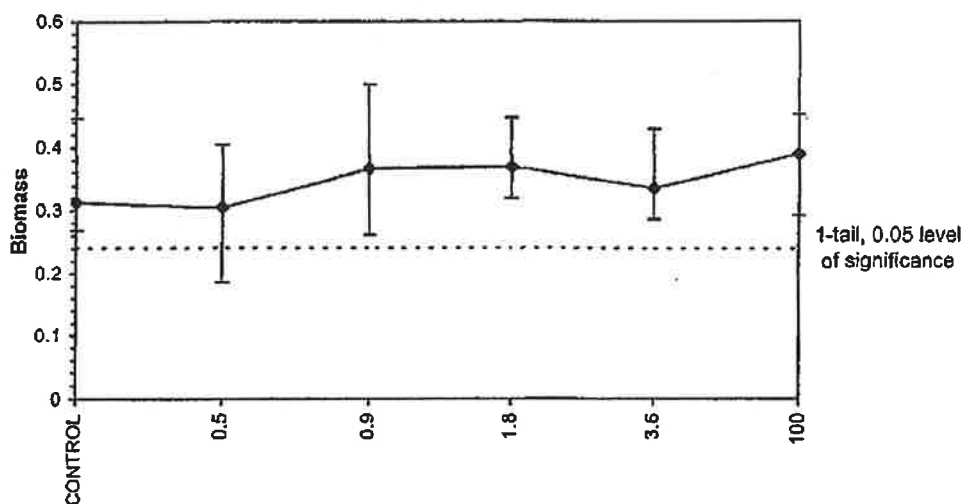
Auxiliary Tests						Statistic		Critical		Skew	Kurt	
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)						0.96204		0.929		0.30422	-0.3412	
Bartlett's Test indicates equal variances (p = 0.92)						1.48277		15.0863				
Hypothesis Test (1-tail, 0.05)			NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test			100	>100		1	0.07176	0.22946	0.00963	0.00387	0.04645	5, 42

Linear Interpolation (200 Resamples)				
Point	%	SD	95% CL	Skew
IC05	>100			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Mysid Survival, Growth and Fecundity Test-Biomass					
Start Date:	9/15/2009 12:15	Test ID:	OMEG0903MB	Sample ID:	OUTFALL 003
End Date:	9/22/2009 12:55	Lab ID:	CBI	Sample Type:	WW
Sample Date:		Protocol:	EPAM 94-EPA Marine	Test Species:	MY-Mysidopsis bahia
Comments:					

Dose-Response Plot



Mysid Survival, Growth and Fecundity Test-Fecundity

Start Date: 9/15/2009 12:15 Test ID: OMEG0903MB Sample ID: OUTFALL 003
 End Date: 9/22/2009 12:55 Lab ID: CBI Sample Type: WW
 Sample Date: Protocol: EPAM 94-EPA Marine Test Species: MY-Mysidopsis bahia
 Comments:

Conc-%	1	2	3	4	5	6	7	8
CONTROL	0.3333	0.0000	0.0000	0.0000	0.6667	0.3333	0.6000	0.2500
0.5	0.0000	0.5000	0.6667	0.6667	0.3333	0.5000	0.6667	0.2500
0.9	0.0000	0.2500	0.2500	0.5000	0.3333	0.3333	1.0000	0.0000
1.8	0.3333	0.5000	0.2500	0.5000	0.0000	0.0000	0.6667	0.3333
3.6	0.5000	0.5000	0.6667	0.0000	0.0000	0.0000	0.0000	0.3333
100	0.5000	0.0000	0.0000	0.0000	0.2500	0.0000	0.7500	0.6000

Transform: Arcsin Square Root								1-Tailed		
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD
CONTROL	0.2729	1.0000	0.5679	0.2928	0.9553	44.737	8			
0.5	0.4479	1.6412	0.7421	0.3614	0.9553	30.061	8	-1.304	2.306	0.3081
0.9	0.3333	1.2214	0.6245	0.2527	1.3181	51.891	8	-0.424	2.306	0.3081
1.8	0.3229	1.1832	0.6371	0.2928	0.9553	31.971	8	-0.518	2.306	0.3081
3.6	0.2500	0.9160	0.5579	0.2527	0.9553	48.969	8	0.074	2.306	0.3081
100	0.2625	0.9618	0.5721	0.2255	1.0472	53.285	8	-0.032	2.306	0.3081

Auxiliary Tests					Statistic		Critical	Skew	Kurt					
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.95445		0.929	0.46306	-0.2352					
Bartlett's Test indicates equal variances (p = 0.84)					2.05791		15.0863							
Hypothesis Test (1-tail, 0.05)					NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test					100	>100		1	0.22328	0.77187	0.03846	0.07141	0.74584	5, 42

N/A

250% control w/ eggs. PD

BASELINE TEST INFO - SHEEPSHEAD 7 DAY TEST

Coastal Bioanalysts, Inc
Form ETF0021C
Effective Date: 2/1/09

TEST ORGANISM INFO

Species: Cyprinodon variegatus
Source: CBI Stock Cultures: ✓
Other: _____

Acclimation: Water: ASW 20 g/kg salinity ✓
Other: _____
Temp. (°C): 25

Hatch Date/Time: 9/14/09 1630
(start)
Hatch Date/Time: 9/15/09 1630
(end)

Feeding Prior to Test: Artemia ad libitum 2X/day

Feeding During Test: Artemia 0.1 g/rep days 0-2
(2X/day) 0.15 g/rep days 3-6

Arrival Date: 9/28
(non-CBI)

TEST DESIGN

Test Chamber: 1000 ml Tri-pour beaker ✓
Other: _____
Solution Vol: 750 ml ✓
Other: _____

Illumination: 16:8 L:D 10-20 uE/m²/s

Number of Replicates/Concentration: 4

Initial Number of Fish/Replicate: 10

TEST SET UP (Day 0)

Set Up Date: 9/15/09
Set Up By: PB

Time Water Added: 1140
Time Animals Added: 1200

NOTES

Peer Review by PB/WR Date 9/28/09

Test I.D. OMEGA 03 -CCV

Parameter	Treatment	Day 0 Initial	Day 1 Final	Day 1 Initial	Day 2 Final	Day 2 Initial	Day 3 Final	Day 3 Initial	Day 4 Final	Day 4 Initial	Day 5 Final	Day 5 Initial	Day 6 Final	Day 6 Initial	Day 7 Final
TEMP (°C)	C	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	1	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	2	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	3	26	25	26	25	25	25	26	25	26	25	25	25	25	25
	4	26	25	26	25	25	25	26	25	26	25	25	25	25	25
pH (S.U.)	C	7.82	7.64	7.67	7.66	7.69	7.73	7.76	7.78	7.73	7.61	7.77	7.51	7.78	7.63
	1	7.82	7.65	7.67	7.66	7.70	7.85	7.76	7.50	7.73	7.72	7.77	7.63	7.79	7.79
	2	7.82	7.62	7.67	7.66	7.70	7.86	7.78	7.77	7.73	7.62	7.79	7.64	7.79	7.70
	3	7.82	7.65	7.67	7.67	7.70	7.88	7.75	7.65	7.75	7.62	7.83	7.59	7.85	7.77
	4	7.82	7.66	7.67	7.67	7.70	7.90	7.79	7.82	7.73	7.32	7.83	7.65	7.82	7.46
D.O. (mg/l)	C	7.3	6.2	7.0	6.9	7.1	7.1	7.3	6.8	7.1	7.1	7.2	7.1	7.1	7.4
	1	7.3	6.2	7.0	6.8	7.1	7.1	7.2	6.3	7.1	7.1	7.2	7.1	7.0	6.9
	2	7.2	6.1	7.0	6.8	7.1	7.0	7.0	6.8	7.2	7.1	7.2	7.1	6.8	6.9
	3	7.2	6.1	7.0	6.6	7.1	6.9	7.0	6.4	7.1	7.1	7.2	7.1	6.6	6.8
	4	7.2	6.0	6.2	6.0	7.0	6.8	6.9	7.1	7.2	6.8	7.1	7.1	6.4	6.8
SALINITY (g/kg)	C	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	1	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	2	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	3	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	4	20	20	20	20	21	21	20	20	20	20	20	20	20	20
Replicate:	C	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	1	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	2	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	3	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	4	20	20	20	20	21	21	20	20	20	20	20	20	20	20
Initials:	C	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	1	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	2	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	3	20	20	20	20	21	21	20	20	20	20	20	20	20	20
	4	20	20	20	20	21	21	20	20	20	20	20	20	20	20

P.O. Dropped to 1.8.
aeration started 1600 PB

TEST I.D. 0mE60903

-CCV

SURVIVAL DATA - SHEEPSHEAD MINNOW 7 DAY TEST

Coastal Bioanalysts, Inc

Form ETF0023G

Effective Date: 10/31/08

Treatment ¹		Rep	Number of Live Fish							Fish Dry Weight Data (mg) ²			Notes
			Ltr	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Pan #	Tot. Wt.	
C	CONTROL	A	10	10	10	10	10	10	10	49	19.83	9.40	
		B	10	10	10	10	10	10	10	51	16.36	7.50	
		C	10	10	10	10	10	10	10	51	19.85	9.11	
		D	10	10	10	10	10	10	10	52	20.38	9.52	
1	C: 0.50%	A	10	10	10	10	10	10	10	53	17.70	7.52	
		B	10	10	10	10	10	10	10	54	18.88	7.02	
		C	10	10	10	10	10	10	10	55	19.21	7.88	
		D	10	10	10	10	10	10	10	56	20.39	7.82	
2	C: 0.90%	A	10	10	10	10	10	10	10	57	17.59	7.12	
		B	10	10	10	10	10	10	10	58	18.80	8.45	
		C	10	10	10	10	10	10	10	59	21.15	9.32	
		D	10	10	10	10	10	10	10	60	17.97	8.01	
3	C: 1.80%	A	10	10	10	10	10	10	10	61	18.46	8.45	
		B	10	10	10	10	10	10	10	62	17.03	8.12	
		C	10	10	10	10	10	10	10	63	18.66	7.98	
		D	10	10	10	10	10	10	10	64	19.35	9.44	
4	C: 3.40%	A	10	10	10	10	10	10	10	65	19.10	9.32	
		B	10	10	10	10	10	10	10	66	18.08	8.02	
		C	10	10	10	10	10	10	10	67	19.38	8.23	
		D	10	10	10	10	10	10	9	68	16.64	8.03	
5	C: 1.40%	A	10	10	10	10	10	10	10	69	16.93	7.36	
		B	10	10	10	10	10	10	10	70	17.41	7.06	
		C	10	10	10	10	10	10	10	71	19.55	7.21	
		D	10	10	10	10	10	10	20	72	16.45	7.93	
Renewal/Count Time:			1120	1315	1150	1355	1125	1025	1215	Tare Wt. Date: 4/20 Calib. Chk (10.00 mg ³): 10.49 Init: CG			
Initials:			FB	FB	FB	FB	CA	CB	CB	Tot. Wt. Date: 4/25 Calib. Chk (10.00 mg ³): 10.20 Init: RB			

¹ C = Concentration; V = Volume (ml) sample added to total volume of 2400 ml for preparation of solutions. ² See printout of statistical analyses for biomass weights by replicate.³ Time of final count = test end time. ⁴ True value ± estimated uncertainty of calibration weight (NIST traceable annual certification) = 10.41 ± 0.65 mg

Test ID DM E64903

-CCV

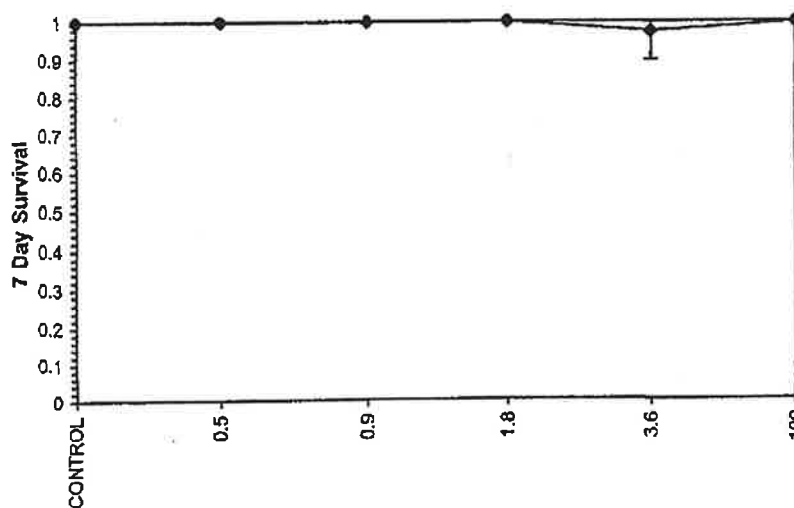
Larval Fish Growth and Survival Test-7 Day Survival					
Start Date:	9/15/2009 12:00	Test ID:	OMEG0903CV	Sample ID:	OUTFALL 001
End Date:	9/22/2009 12:15	Lab ID:	CBI	Sample Type:	WW
Sample Date:		Protocol:	EPAM 94-EPA Marine	Test Species:	CV-Cyprinodon variegatus
Comments:					

Conc-%	1	2	3	4
CONTROL	1.0000	1.0000	1.0000	1.0000
0.5	1.0000	1.0000	1.0000	1.0000
0.9	1.0000	1.0000	1.0000	1.0000
1.8	1.0000	1.0000	1.0000	1.0000
3.6	1.0000	1.0000	1.0000	0.9000
100	1.0000	1.0000	1.0000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root					Rank Sum	1-Tailed Critical
			Mean	Min	Max	CV%	N		
CONTROL	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4		
0.5	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
0.9	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
1.8	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00
3.6	0.9750	0.9750	1.3713	1.2490	1.4120	5.942	4	18.00	10.00
100	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	4	18.00	10.00

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test Indicates non-normal distribution ($p \leq 0.01$)	0.46508	0.884	-3.0206	13.9892
Equality of variance cannot be confirmed				
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU
Steel's Many-One Rank Test	100	>100		1

Dose-Response Plot



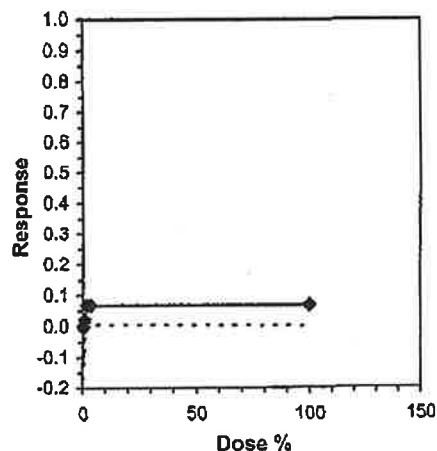
Larval Fish Growth and Survival Test-7 Day Biomass					
Start Date:	9/15/2009 12:00	Test ID:	OMEG0903CV	Sample ID:	OUTFALL 001
End Date:	9/22/2009 12:15	Lab ID:	CBI	Sample Type:	WW
Sample Date:		Protocol:	EPAM 94-EPA Marine	Test Species:	CV-Cyprinodon variegatus
Comments:					

Conc-%	1	2	3	4
CONTROL	1.0390	0.8860	1.0740	1.0810
0.5	1.0190	1.1810	1.1330	1.2620
0.9	1.0470	1.0150	1.1780	0.9960
1.8	1.0410	0.8910	1.0680	0.9710
3.6	1.0730	1.0060	1.1150	0.8610
100	0.9570	1.0350	1.2340	0.8520

Conc-%	Mean	N-Mean	Transform: Untransformed					t-Stat	1-Tailed Critical	MSD	Isotonic	
			Mean	Min	Max	CV%	N				Mean	N-Mean
CONTROL	1.0200	1.0000	1.0200	0.8860	1.0810	8.941	4				1.0831	1.0000
0.5	1.1463	1.1238	1.1463	1.0190	1.2520	8.542	4	-1.661	2.410	0.1832	1.0831	1.0000
0.9	1.0590	1.0382	1.0590	0.9960	1.1780	7.750	4	-0.513	2.410	0.1832	1.0590	0.9777
1.8	0.9928	0.9733	0.9928	0.8910	1.0680	7.978	4	0.358	2.410	0.1832	1.0087	0.9313
3.6	1.0138	0.9939	1.0138	0.8610	1.1150	10.978	4	0.082	2.410	0.1832	1.0087	0.9313
100	1.0195	0.9995	1.0195	0.8520	1.2340	15.838	4	0.007	2.410	0.1832	1.0087	0.9313

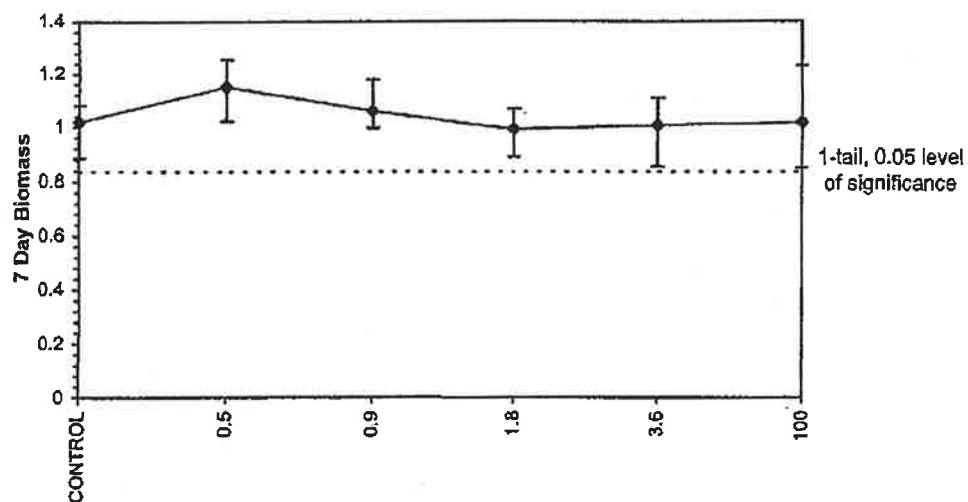
Auxiliary Tests					Statistic		Critical	Skew	Kurt			
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)					0.97698		0.884	0.032	-0.2074			
Bartlett's Test indicates equal variances (p = 0.84)					2.0883		15.0863					
Hypothesis Test (1-tail, 0.05)			NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test			100	>100		1	0.18324	0.17964	0.0123	0.01156	0.41252	5, 18

Linear Interpolation (200 Resamples)				
Point	%	SD	95% CL(Exp)	Skew
IC05	1.4370			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Larval Fish Growth and Survival Test-7 Day Biomass			
Start Date: 9/15/2009 12:00	Test ID: OMEG0903CV	Sample ID: OUTFALL 001	
End Date: 9/22/2009 12:15	Lab ID: CBI	Sample Type: WW	
Sample Date:	Protocol: EPAM 94-EPA Marine	Test Species: CV-Cyprinodon variegatus	
Comments:			

Dose-Response Plot



EFFLUENT SAMPLE & DILUTION WATER CHARACTERISTICS
SALTWATER TESTS

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

INITIAL SAMPLE CHARACTERIZATION ¹								
Sample Bottle ²	A-1	B-1	C-1	NOTES:				
Tot. Res. Chlorine (mg/l)	<Q.L.	<Q.L.	<Q.L.					
Hardness (mg/l CaCO ₃)	2840	2980	2920					
Alkalinity (mg/l CaCO ₃)	99	100	144					
NH ₃ -N (mg/l)	2.7	3.2	3.3					
Color/Appearance ³	CY	CY	CY					
Obvious Odor?	no	no	NO					
Date/Time	9/15/09 1045	9/17/09 1100	9/18/09 1015					
Initials	PB	PB	bja					
SAMPLE PREPARATION MEASUREMENTS (100% concentration)								
Sample Bottle ²	A-1	A-2	B-1	C-1	C-2	C-3	C-4	B-2
Prep Temperature (°C)	26	26	25	25	26	25	26	25
Initial Salinity (g/kg)	16	16	16	16	16	16	16	16
Adjusted Salinity (g/kg)	20	20	20	20	20	19	19	20
DO (mg/l) After Warm/Sal	6.2	4.4	5.5	4.3	4.4	2.3	1.1	3.4
Aeration Time (min)	—	—	—	—	—	—	4.5	3.0
Adjusted D.O.	—	—	—	—	—	—	5.2	6.2
Final pH (S.U.)	7.31	7.23	7.35	7.08	7.13	7.44	7.42	7.26
Tot. Res. Chlorine (mg/l) ⁴	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Sample Filtered (60 um)?	no	no	no	no	no	no	no	no
Date/Time	9/15/09 1135	9/16/09 1120	9/17/09 1305	9/18/09 1135	9/19/09 1320	9/20/09 1115	9/21/09 1045	9/17/09 1420
Initials	PB	PB	PB	PA	PA	PA	CA	PB
DILUTION WATER CHARACTERISTICS								
Vat Number/Letter	D	D	D	D	D	D	D	F
Temperature (°C)	25	25	25	25	25	25	25	26
Salinity (g/kg)	20	20	21	21	20	20	20	20
D.O. (mg/l)	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
pH (S.U.)	7.74	7.83	7.95	7.99	7.83	7.99	7.86	7.71
Date/Time	9/15/09 0845	9/16/09 0830	9/17/09 0745	9/18/09 0315	9/19/09 1310	9/20/09 1510	9/22/09 1200	9/17/09 1300
Initials	PB	PB	PB	PA	PB	CA	CA	PB

¹Q.L. = Quantification Limit, N.D. = Not Determined/Measured, NA = Not Applicable

²Ninth character of Laboratory Sample I.D. (on chain of custody form) and bottle number in collection series (e.g. bottle "A-2" is sample bottle number 2 from "A" collection). Together with project ID below constitutes entire sample bottle ID.

³C-Clear, O-Opaque, T-Turbid, S-Solids (SI-Slight, M-Moderate, H-Heavy), Y-Yellow, B-Brown, BI-Black, G-Green

⁴Total residual chlorine measured after sample prep only if present in initial sample characterization

Peer Rev by CB/PB Date 9/21/09

PROJECT I.D. OMEG0903
(First 8 characters of Laboratory Sample ID)



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011E Rev. 4/16/08)

Lab Sample ID
(Lab Use Only)

0	m	E	G	0	9	0	3	-	A
A	A	A	A	Y	Y	N	N		A
Project ID									Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME Omega Protein		CONTACT & PHONE # Ted Schultz 453-4211	
NPDES PERMIT NO VA0003867		OUTFALL # OR LOCATION	
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED?	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS	SPECIES OR EPA METH #	m. bahia	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>
REQUESTED:	SPECIES OR EPA METH #	C. variegatus	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>
OTHER TESTS:			

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME 9/14/09 07:00	SAMPLE END DATE & TIME 9/15/09 07:00	AUTOSAMPLER TEMP. (°C) 4.1°C
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES 96	VOL (ml) SUBSAMPLES 200
	SET VOLUME SUBSAMPLE	TIME INCREMENT 15 min
	SET VOLUME FLOW 175,500 gal/hr	TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
31.2	7.4	4.0		7:15 9/15/09	TS

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ted Schultz Technical Supervisor (PRINTED NAME/AFFILIATION SAMPLER/ANALYST) **Ted Schultz** (SIGNATURE) **9/15/09** (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
J. Hall	9/15/09	10:15	P. Blasco

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) **3** ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.



Coastal Bioanalysis, Inc. Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbion.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETP2011E Rev. 4/15/09)

Lab Sample ID
(Lab Use Only)

0	m	E	G	0	9	0	3	B
A	A	A	A	Y	Y	N	N	A
Project ID								Spl

FACILITY INFORMATION

CLIENT/FACILITY NAME <u>Omega Protein</u>		CONTACT & PHONE # <u>Ted Schultz 453-4211</u>	
NPDES PERMIT NO <u>VA0003867</u>		OUTFALL # OR LOCATION <u>001</u>	
SAMPLE CHLORINATED? <u>No</u>	SAMPLE DECHLORINATED? <u>No</u>	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS REQUESTED: SPECIES OR EPA METH # <u>m. bahia</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		
OTHER TESTS: SPECIES OR EPA METH # <u>C. va. regalis</u>	ACUTE <input type="checkbox"/> CHRONIC <input checked="" type="checkbox"/>		

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME <u>9/16/09 07:15</u>	SAMPLE END DATE & TIME <u>9/17/09 07:15</u>	AUTOSAMPLER TEMP. (°C) <u>4.0</u>
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES <u>96</u>	VOL (ml) SUBSAMPLES <u>200</u>
	SET VOLUME SUBSAMPLE	SET VOLUME FLOW <u>175,500 gal/day</u>
		TIME INCREMENT <u>15 min</u>
		TOTAL VOLUME

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C) <u>33.4</u>	DISCHARGE pH (S.U.) <u>7.06</u>	SAMPLE TEMP (°C) <u>4.0</u>	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835) <u>9/17/09 08:00</u>	INITIALS <u>VAS</u>
------------------------------------	------------------------------------	--------------------------------	-------------------	--	------------------------

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ted Schultz Technical Supervisor Ted Schultz 9/17/09
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
<u>JR Bell</u>	<u>9/17/09</u>	<u>10:45</u>	<u>[Signature]</u>
	<u>9/17/09</u>		

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 2 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6°C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ET2011E Rev. 4/16/08)

Lab Sample ID
(Lab Use Only)

D	M	E	G	N	A	O	3	C
A	A	A	A	Y	Y	N	N	A

Project ID

FACILITY INFORMATION

CLIENT/FACILITY NAME	Omega Protein		CONTACT & PHONE #	Ted Schultz 453-4211			
NPDES PERMIT NO	VA 0003867		OUTFALL # OR LOCATION	001			
SAMPLE CHLORINATED?	No	SAMPLE DECHLORINATED?	No	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?			
TESTS REQUESTED:	SPECIES OR EPA METH #	m. bahia		ACUTE	<input checked="" type="checkbox"/>	CHRONIC	<input type="checkbox"/>
OTHER TESTS:	SPECIES OR EPA METH #	c. variegatus		ACUTE	<input checked="" type="checkbox"/>	CHRONIC	<input checked="" type="checkbox"/>

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME	9/12/09 07:15	SAMPLE END DATE & TIME	9/12/09 07:15	AUTOSAMPLER TEMP. (°C)	4.0	
TIME OF FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES	96	VOL (ml) SUBSAMPLES	200ml	TIME INCREMENT	15 min
	SET VOLUME SUBSAMPLE		SET VOLUME FLOW	175,500/day	TOTAL VOLUME	

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
33.1	7.2	3.8		9/12/09 0730	IAS

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) _____ (SIGNATURE) _____ (DATE) _____

RELINQUISHED BY	DATE	TIME	RECEIVED BY
JR Dwell	9/18/09	10:10	Dwight Anderson

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 5 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/1/09 To 11/8/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 12/9/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/9/08 To 11/15/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Krueck 12/09/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/16/07 To 11/22/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will Edmund 12/09/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/23/09 To 11/30/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

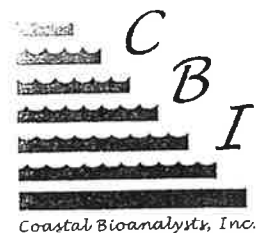
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 12/09/2009

Signature of Principal Officer or Authorized Agent / Date

Client: Omega Protein
 Project ID: OMEG0905
 Client Sample ID: Outfall 002
 Permit No: VA0003867
 Sample Period: 11/10/09



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To: Mr. Ted Schultz Regulatory Compliance Officer Omega Protein P.O. Box 175 Reedville, VA 22539	Prepared By: Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director
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Acute Test Results*				
Species-Test Method	48-h LC50	95% C.L.	T.U. _{Ac}	NOAEC
<i>M. bahia</i> EPA 2007.0	>100	N/A	<1.00	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable. Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits.

Acute Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	6.25	12.5	25.0	50.0	100
<i>M. bahia</i> EPA 2007.0	Survival (%):	100	100	100	100	100	75

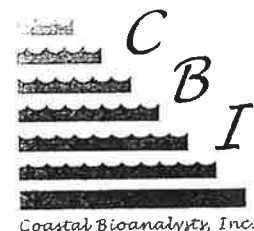
Test Information	Start Date/Time	Organism	Hatch/Harvest	Acclimation	Acclimation	Test
Species-Method	End Date/Time	Source	Date/Time	Temp.	Water	Aerated?
<i>M. bahia</i>	11/10/09 1615	CBI	11/4/09 1030		HWM ASW	
EPA 2007.0	11/12/09 1600	Stock	11/5/09 1030	25° C	20 g/kg sal.	No

Sample/Dilution Water Data	Acute Test	
Water Quality Parameter (Units)	Sample	Dilution Water
Arrival Temperature (°C)	1	N/A
Use Temperature (°C)	25	25
Arrival Salinity (g/kg)	<1	N/A
Use Salinity (g/kg)	20	20
pH (S.U.)	7.01	7.78
Dissolved Oxygen (mg/l)	7.0	7.3
Total Hardness (mg/l as CaCO ₃)	50	N/A
Alkalinity (mg/l as CaCO ₃)	276	N/A
Total Residual Chlorine (mg/l)	<Q.L.	N/A
Ammonia (mg/l NH ₃ -N)	34.2	N/A

*Dilution water = Hawaiian Marine Mix ASW made with deionized water

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1 st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
OMEG0905-A	11/10/09 0800	11/10/09 1615	N/A	Salt added

Client: Omega Protein
 Project ID: OMEG0905
 Client Sample ID: Outfall 002
 Permit No: VA0003867
 Sample Period: 11/10/09



Acute Test Water Quality (Mean/Std. Dev.)						
Test:	<i>M. bahia</i> 2007.0					
% Conc:	Cont.	6.25	12.5	25.0	50.0	100
Temp.	25	25	25	25	25	25
(°C)	0	0	0	0	0	0
D.O.	6.0	6.0	5.9	5.8	5.7	5.6
(mg/l)	1.2	1.2	1.3	1.4	1.5	1.6
pH	7.62	7.66	7.62	7.64	7.74	7.65
(S.U.)	0.23	0.19	0.15	0.05	0.21	0.56

Acute Test QA/QC		Reference Toxicant: KCl Units: mg/l		Test Organism Source: CBI Stock Cultures	
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. for LC50	RTT in Control?
<i>M. bahia</i> 2007.0 (10/26/09-10/28/09)	RTT	100	544	490-700	Yes
	CC	100	595	511-679	

Note: RTT = Reference Toxicant Test, CC = Control Chart

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory.

APPROVED:


 Peter F. De Lisle, Ph.D.
 Technical Director

11/23/09
 Date

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

N/A: Not applicable. **N/D:** Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Cr} = 100/NOEC$. A dimensionless unit.

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Lab Control	C-A	10	10	10	100
	C-B	10	10	10	
6.25	1-A	10	10	10	100
	1-B	10	10	10	
12.5	2-A	10	10	10	100
	2-B	10	10	10	
25.0	3-A	10	10	10	100
	3-B	10	10	10	
50.0	4-A	10	10	10	100
	4-B	10	10	10	
100	5-A	10	10	7	75
	5-B	10	10	8	
Initials:		PA	PA	PA	
Count Time:		1615	0855	1600	*Test End Time

Species: *Mysidopsis (Americamysis) bahia*

Source: CBI stock cultures ☒

Other: _____

Harvest: Date/time start: 11/4/09 1030

Date /time end: 11/5/09 1030

Acclimation: Water: ASW 20 g/kg salinity ☒

Other: _____

Temperature (°C): 25

Feeding: Prior to test: *Artemia ad libitum*
During test: *Artemia nauplii*
ca. 100 /mysid/day

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ☒ 400 ml ☐ 250 ml

Solution volume: ☒ 200 ml ☐ ml

Number of replicates/treatment: 2

Initial number of mysids/replicate: 10

Set up: Date (Day 0): 11/10/09

Time water added: 1550

Time mysids added: 1615

Set up by (initials): PA

NOTES:

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	25	25	25
	1	25	25	25
	2	25	25	25
	3	25	25	25
	4	25	25	25
	5	25	25	25
pH (S.U.)	C	7.86	7.61	7.40
	1	7.83	7.68	7.46
	2	7.78	7.61	7.48
	3	7.69	7.64	7.59
	4	7.51	7.80	7.91
	5	7.61	7.90	8.03
D.O. (mg/l)	C	7.3	5.6	5.0
	1	7.3	5.6	5.0
	2	7.3	5.5	4.8
	3	7.3	5.5	4.6
	4	7.3	5.5	4.4
	5	7.3	5.4	4.2
Salinity (g/kg)	C	20		20
	1			
	2			
	3			
	4			
	5	20		20
Replicate Measured:		A	B	A
Initials:		PA	PA	PA
TRC (mg/l) in highest conc. at end of test:				NA

Peer Rev. by: CB Date: 11/20/09

TEST I.D. 0ME6 0905 -AMB

EFFLUENT SAMPLE & DILUTION WATER CHARACTERISTICS
SALTWATER TESTS

FORM ETF2032D

COASTAL BIOANALYSTS, INC
EFFECTIVE DATE: 2/1/09

INITIAL SAMPLE CHARACTERIZATION ¹									
Sample Bottle ²	A-1					NOTES:			
Tot. Res. Chlorine (mg/l)	LQL								
Hardness (mg/l CaCO ₃)	50								
Alkalinity (mg/l CaCO ₃)	224								
NH ₃ -N (mg/l)	34.2								
Color/Appearance ³	C								
Obvious Odor?	NO								
Date/Time	11/10/120								
Initials	lma								
SAMPLE PREPARATION MEASUREMENTS (100% concentration)									
Sample Bottle ²	A-1								
Prep Temperature (°C)	25								
Initial Salinity (g/kg)	41								
Adjusted Salinity (g/kg)	20								
DO (mg/l) After Warm/Sal	7.0								
Aeration Time (min)	—								
Adjusted D.O.	—								
Final pH (S.U.)	7.31								
Tot. Res. Chlorine (mg/l) ⁴	N.D.								
Sample Filtered (60 um)?	NA								
Date/Time	11/10/1530								
Initials	PD								
DILUTION WATER CHARACTERISTICS									
Vat Number/Letter	C								
Temperature (°C)	25								
Salinity (g/kg)	20								
D.O. (mg/l)	7.3								
pH (S.U.)	7.78								
Date/Time	11/10/1530								
Initials	PD								

¹Q.L. = Quantification Limit, N.D. = Not Determined/Measured, NA = Not Applicable

²Ninth character of Laboratory Sample I.D. (on chain of custody form) and bottle number in collection series (e.g. bottle "A-2" is sample bottle number 2 from "A" collection). Together with project ID below constitutes entire sample bottle ID.

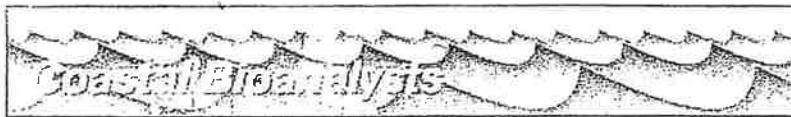
³C-Clear, O-Opaque, T-Turbid, S-Solids (SI-Slight, M-Moderate, H-Heavy), Y-Yellow, B-Brown, BI-Black, G-Green

⁴Total residual chlorine measured after sample prep only if present in initial sample characterization

Peer Rev by GB Date 11/24/14

PROJECT I.D.

OMEGA0905
(First 8 characters of Laboratory Sample ID)



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011D Rev. 10/10/07)

Lab Sample ID
(Lab Use Only)

0 M E G 0 9 0 5 - A
A A A A Y Y N N A

FACILITY INFORMATION

CLIENT/FACILITY NAME	Omcar Protein		CONTACT & PHONE #	Ted Schultz 804-453-4211	
NPDES PERMIT NO	VA0003867			OUTFALL # OR LOCATION	002
SAMPLE CHLORINATED?	No	SAMPLE DECHLORINATED?	No	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS REQUESTED:	SPECIES OR EPA METH #	M. bahia	2007.0	ACUTE	<input checked="" type="checkbox"/> CHRONIC <input type="checkbox"/>
OTHER TESTS:	SPECIES OR EPA METH #			ACUTE	<input type="checkbox"/> CHRONIC <input type="checkbox"/>

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

COMPOSITE START DATE & TIME	11/9/09 0800	COMPOSITE END DATE & TIME	11/10/09 0800
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES	VOL (ml) SUBSAMPLES	TIME INCREMENT
	SET VOLUME SUBSAMPLE	50 ml	SET VOLUME FLOW
		1/1000 gal	TOTAL VOLUME
			26 gal

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
15.2	6.49	2°C		11/10/09	DS

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Theodore Schultz / Tech Supervisor
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST)

Theodore Schultz
(SIGNATURE)

11/10/09
(DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
J. Hall	11/10/09	10:45	Beverly Jones-Linderson

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 1 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8	8:40	<2	10:55	<0.1	9.9	7.78	18	8:50	<2	10.53	<0.1	10.0	7.86	18
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: *Dempster*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8	8:55	<2	10.51	<0.1	9.9	7.74	18	9:05	<2	10.55	<0.1	16.1	7.80	18
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel: *Kimberly*

Name of Sampler: Ted Schultz

CB Refrig Dec Sample Kimberly _2[1].xls

From: Ted Schultz [tschultz@OmegaProteinInc.com]
Sent: Monday, December 28, 2009 9:03 AM
To: Bishop,Patrick
Subject: RE: Chesapeake Bay Samples for Nov
Attachments: CB Refrig Nov Sample (Dec) Tangier #2.xls; CB Refrig Nov Sample (Dec) Conrad #1.xls

Pat, here are the results of the set of samples actually collected at the first opportunity in December as substitutes for the ones we were not able to collect in November.

Ted Schultz

Omega Protein, Inc.
610 Menhaden Road
Reedville, VA 22539
Phone 804.453.4211 ext 120 | **Fax** 804.453.4123
Email tschultz@OmegaProteinInc.com | <http://www.omegaproteininc.com>

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From: Bishop,Patrick [mailto:Patrick.Bishop@deq.virginia.gov]
Sent: Tuesday, December 15, 2009 10:30 AM
To: Ted Schultz
Cc: Bill Purcell
Subject: RE: Chesapeake Bay Samples for Nov

Thx.

Patrick L. Bishop
Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060
Direct - (804) 527-5127
Fax - (804) 527-5106
Patrick.Bishop@deq.virginia.gov

Always remember that you're unique...Just like everybody else. - Zen proverb

From: Ted Schultz [mailto:tschultz@OmegaProteinInc.com]
Sent: Tuesday, December 15, 2009 10:07 AM
To: Bishop,Patrick
Cc: Bill Purcell

Subject: Chesapeake Bay Samples for Nov

Patrick,

Just to elaborate on not pulling the Chesapeake Bay samples in November. We had one day early in the month when we could have gone out. As I recall, the day was not conducive to either my or the sampling boat pilot's schedules and it was early in the month so we didn't worry about running out of time. Unbeknownst to us, due to weather and fishing conditions for the rest of the month, it was not possible to get samples. As such, we sampled at our next opportunity (and only) 12/8/09 and sampled from 4 boats, using the first two for the November requirement and the second two for December.

Ted Schultz

Omega Protein, Inc.

610 Menhaden Road

Reedville, VA 22539

Phone 804.453.4211 ext 120 | **Fax** 804.453.4123

Email tschultz@OmegaProteinInc.com | <http://www.omegaproteininc.com>

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Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8	8:05	<2	10.48	<0.1	9.6	7.55	18	8:20	<2	10.37	<0.25	9.3	7.90	17
9														
10														
11														
12														
13														
14														
15														
16														
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25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Tangier Is.*

Name of Sampler: Ted Schultz

CB Refrig Nov Sample (Dec) Tangier #2.xls

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8	7:15	<2	10.45	<0.1	9.6	7.60	17	7:25	<2	10.43	<0.1	9.3	7.85	<2
9														
10														
11														
12														
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Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Conrad*

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/1/09 To 12/6/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	<u>✓</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 1/5/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/7/09 To 12/13/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
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<hr/>	<hr/>	<hr/>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 1/5/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/14/09 To 12/29/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Scholtz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Smith 1/5/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/21/09 To 12/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Sch. 112 / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 1/5/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/22/09 To 12/31/09

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

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<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will Edmund 1/5/2010
Signature of Principal Officer or Authorized Agent / Date

VA 800 3867

Mesa

Swift Creek Environmental, Inc.

8201 County Drive
Disputanta, Virginia 23842-6144
Phone: 804-991-3213 Facsimile: 804-991-2194
E-mail: swiftcreekinc@aol.com

RECEIVED
JAN 05 2010
PRO

December 29, 2009
Project #06-012

Mr. William Purcell
Omega Protein
P.O. Box 175
Reedville, Virginia 22801

Re: 4th Quarter 2009 Ground Water Monitoring Report
Aerated Lagoon
Omega Protein, Reedville, Virginia
VPDES Permit No. VA0003867

Dear Mr. Purcell:

With requirements to the VPDES Permit No. VA0003867, Swift Creek Environmental, Inc. has completed the 2009, 4th quarterly ground water monitoring report for the above referenced facility. The location of the facility is depicted on Figure 1 - Site Vicinity Map. The lagoon wells sampled are designated and identified as monitor wells, MWL1, MWL2, MWL3, MWL4, MWL5 and MWL6. The location of the lagoon monitor wells are presented on the attached Potentiometric Surface Map - Figure 2.

A third order survey was conducted to determine relative well elevations and static ground water levels. Monitor well, ground water levels and relative elevations are presented in Table 1. An arbitrary datum of 10.00 feet (from USGS. 7.5 minute Reedville, Virginia Quadrangle) was established as a benchmark.

TABLE 1. Monitor Well Elevation, Ground Water Level & Product Data					
Monitor Well	Total Depth (feet)	Depth to GW (feet)	PID Reading (ppm)	Elevation - Top of Casing	Elevation - GW (feet)
MWL1	15.0	10.38	0	13.52	3.14
MWL2	15.0	9.66	0	12.20	2.32
MWL3	15.0	2.62	0	8.36	5.74
MWL4	15.0	9.37	0	14.80	5.43
MWL5	15.0	1.13	0	12.48	11.35
MWL6	15.0	0.03	0	12.17	12.14

Topographic and groundwater data indicates that ground water flow is to the south. Attached as Figure 2 is the Lagoon Potentiometric Surface Map.

On December 17, 2009, the lagoon monitor wells were developed and sampled for parameters as required in the VPDES Permit and requested by the VDEQ. Ground water samples were obtained from on-site monitor wells MWL1 through MWL6. Depth to ground water and total well depths were obtained using an oil/water interface probe to calculate the height of the standing water column in the monitor wells. After the volume of standing water was calculated in the monitor wells, a minimum of three well volumes of ground water was removed. Ground water samples were then collected using clean, disposable, plastic bailers to minimize the potential for cross contamination of monitor wells. The samples were placed in an insulated cooler packed with ice for shipment to the laboratory. The water samples were submitted to Air, Water and Soil Laboratories, Incorporated for laboratory analysis of Aluminum, Copper, Silver, Fecal Coliform, Nitrate, Chloride, Ammonia, TOC and Phosphorous. Chain of Custody forms were completed on-site and submitted with the samples. Chemical results for the 2009, 4th Quarter sampling event are presented in Tables 2 and 3. The Certificates of Analyses and Chain of Custody are attached.

TABLE 2. Summary of Field Ground Water Results					
Sample ID/Monitor well	Turbidity	pH	Specific Conductivity	Dissolved Oxygen	Temperature
SC-OP-MWL1	36.20	5.80	1167	1.41	12.3
SC-OP-MWL2	5.81	5.09	1129	1.03	12.7
SC-OP-MWL3	14.71	5.75	824	0.75	10.8
SC-OP-MWL4	3.18	5.78	323	4.50	12.5
SC-OP-MWL5	70.5	5.43	1157	2.07	9.0
SC-OP-MWL6	25.50	5.38	158	2.10	9.8
Units	µn	SU	u/s	mg/l	Celsius
Quantification Limits	.01	0.01	1.0	.01	0.1

TABLE 3. Summary of Analytical Ground Water Results									
Sample ID Monitor well	Al	Cu	Ag	E-Coli	Nitrate	Chloride	Ammonia	TOC	Phosphorus
SC-OP-MWL1	2.60	0.0117	<0.01	<1	0.8	115	0.53	29.2	0.11
SC-OP-MWL2	7.22	<0.01	<0.01	<1	8.3	120	8.08	4.2	0.04
SC-OP-MWL3	2.18	<0.01	<0.01	<1	17.9	82.4	0.68	1.2	0.03
SC-OP-MWL4	11.7	<0.01	<0.01	<1	3.9	22.2	<0.1	2.5	0.07
SC-OP-MWL5	5.58	<0.01	<0.01	<1	2.5	97.8	3.34	1.8	0.02
SC-OP-MWL6	0.858	<0.01	<0.01	<1	0.8	7.0	<0.1	1.2	0.02
Units	mg/l	mg/l	mg/l	MPN	mg/l	mg/l	mg/l	mg/l	mg/l
Quantification Limits	0.05	0.01	0.01	1.0	0.1	1.0	0.1	1.0	0.05-0.5
002 Outfall Discharge Limits	-	NL	NL	200	NL	NL	45	NL	NL
MCL's Primary or Secondary	-	1.3	0.1	0.0	10	250	-	-	-

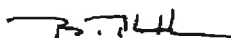
Based on the current sampling event data, the August 31, 2009 recorded E-Coli concentration of 1410 MPN/100ml in monitor well, MWL1 was an anomaly and not indicative of potential ground water impairment.

The historical median concentration for Nitrate in monitor well, MWL3 is 9.11 mg/kg with previously recorded concentrations ranging between 3.02 mg/l and 18.4 mg/l. Although the current recorded Nitrate concentration is above the MCL, it is within the historical concentration range.

All other parameters quantitatively analyzed for this sampling event were either below Outfall Discharge Limits and/or the federal primary or secondary drinking water standard. These parameters were also within historical concentration ranges for each analyte. The next quarterly ground water sampling event is scheduled for March 2010.

Should you have any questions regarding this letter, please contact me at 804.991.3213. Thank you for the opportunity to provide these services.

Sincerely,



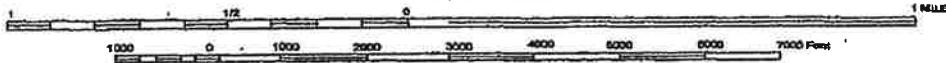
B. Thomas Houghton, Principal
Virginia Professional Geologist #950

attachments: Site Vicinity Map
Potentiometric Surface Map
Certificates of Analyses and Chain of Custody

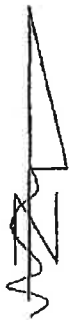
cc: Ms. Denise Mosca - VDEQ Piedmont Regional Office



SCALE 1:24,000



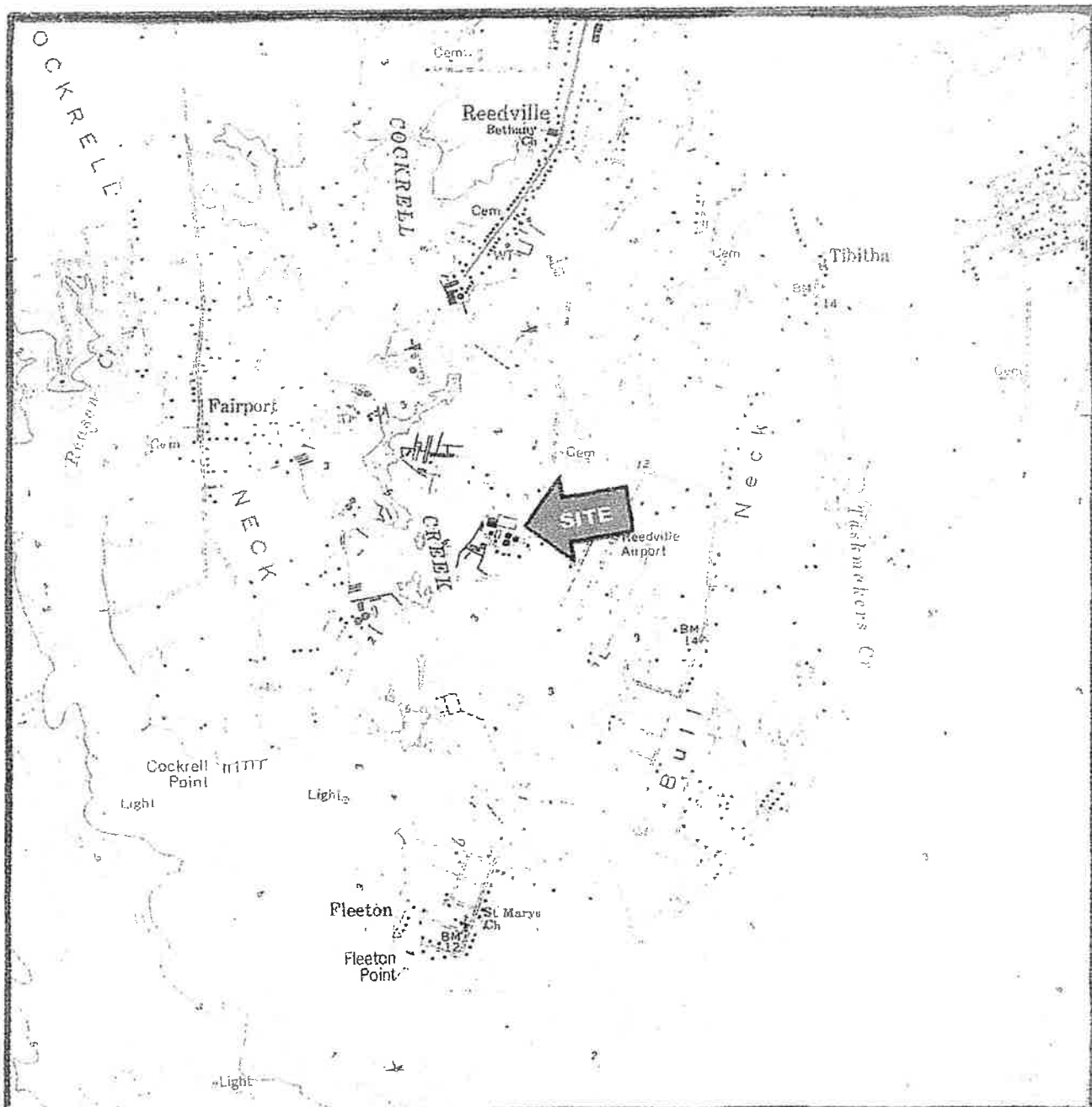
USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992



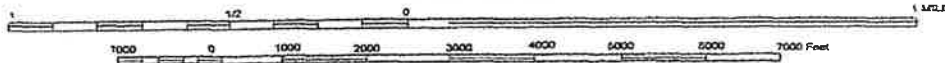
Swift Creek
Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No:	FIGURE 1	
Figure Name:	Site Vicinity Map	
Client:	Omega Protein	Job No.: 06-012
Site:	Reedville, Virginia	Date: 01/2009



SCALE 1:24,000



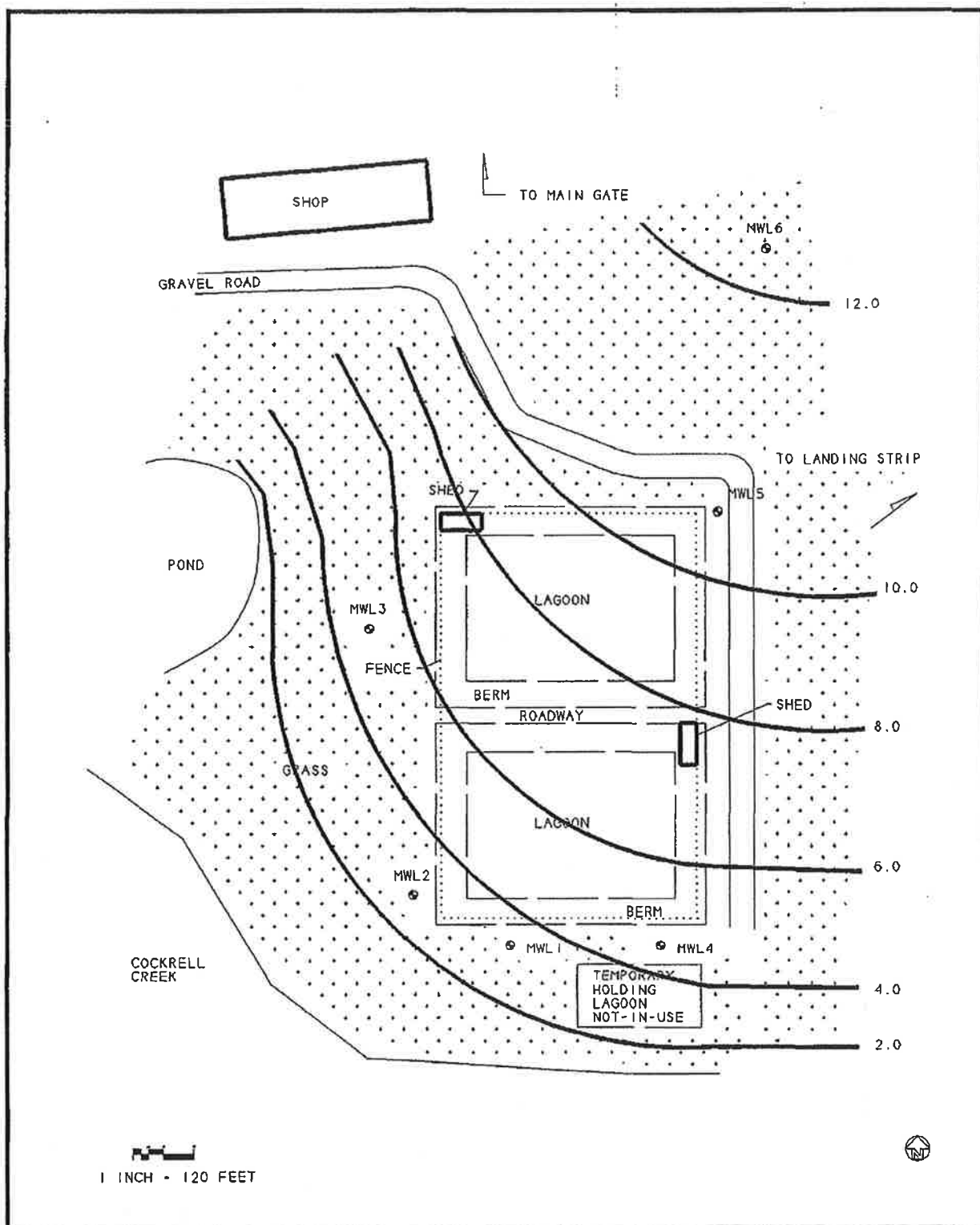
USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992



Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No.:	FIGURE 1	
Figure Name:	Site Vicinity Map	
Client:	Omega Protein	Job No.: 06-012
Site:	Reedville, Virginia	Date: 01/2009



Swift Creek
Swift Creek
 ENVIRONMENTAL, INC.
 8201 County Drive, Disputanta, VA 23842-6144

FIGURE NO: 2	
FIGURE NAME: POTENTIOMETRIC SURFACE MAP	
CLIENT: OMEGA PROTEIN	JOB NO: 06-012
SITE: REEDVILLE, VA	DATE: 12/09



2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 09120346

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: December 17, 2009
Date Issued: December 28, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Lagoon Well

Purchase Order 06-012

Sample I.D.: SC-OP-MWL1

Laboratory Sample I.D.: 09120346-001

Date/Time Sampled: 12/17/09 11:45

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colliert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	2.50 mg/L	0.0500	12/22/09 14:25	CGT
Copper	SW6010C	0.0117 mg/L	0.0100	12/22/09 14:25	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:25	CGT
Ammonia	EPA350.1/R2.0	0.53 mg/L	0.10	12/21/09 13:30	LMT
Chloride	EPA300.0/R2.1	115 mg/L	1.0	12/23/09 17:25	RPF
Nitrate	Calc.	0.8 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	0.8 mg/L	0.1	12/18/09 12:56	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.11 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	29.2 mg/L	1.0	12/28/09 11:43	BHW

Sample I.D.: SC-OP-MWL2

Laboratory Sample I.D.: 09120346-002

Date/Time Sampled: 12/17/09 12:01

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colliert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	7.22 mg/L	0.0500	12/22/09 14:33	CGT
Copper	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:33	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:33	CGT
Ammonia	EPA350.1/R2.0	8.08 mg/L	0.10	12/21/09 13:32	LMT
Chloride	EPA300.0/R2.1	120 mg/L	1.0	12/23/09 18:08	RPF
Nitrate	Calc.	8.3 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	8.3 mg/L	0.1	12/18/09 13:08	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.04 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	4.2 mg/L	1.0	12/23/09 15:33	BHW



2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 09120346

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: December 17, 2009
Date Issued: December 28, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Lagoon Well

Purchase Order 06-012

Sample I.D.: SC-OP-MWL3

Laboratory Sample I.D.: 09120346-003

Date/Time Sampled: 12/17/09 12:08

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	2.18 mg/L	0.0500	12/22/09 14:36	CGT
Copper	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:36	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:36	CGT
Ammonia	EPA350.1/R2.0	0.68 mg/L	0.10	12/21/09 13:34	LMT
Chloride	EPA300.0/R2.1	82.4 mg/L	1.0	12/23/09 18:22	RPF
Nitrate	Calc.	17.9 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	17.9 mg/L	0.1	12/18/09 13:11	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.03 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	1.2 mg/L	1.0	12/23/09 15:33	BHW

Sample I.D.: SC-OP-MWL4

Laboratory Sample I.D.: 09120346-004

Date/Time Sampled: 12/17/09 11:36

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	11.7 mg/L	0.0500	12/22/09 14:39	CGT
Copper	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:39	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:39	CGT
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	12/21/09 14:03	LMT
Chloride	EPA300.0/R2.1	22.2 mg/L	1.0	12/23/09 19:04	RPF
Nitrate	Calc.	3.9 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	3.9 mg/L	0.1	12/18/09 13:14	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.07 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	2.5 mg/L	1.0	12/23/09 15:33	BHW



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Certificate of Analysis

Final Report

Laboratory Order ID 09120346

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: December 17, 2009
Date Issued: December 28, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Lagoon Well

Purchase Order 06-012

Sample I.D.: SC-OP-MWL5			Laboratory Sample I.D.: 09120346-005		
Date/Time Sampled: 12/17/09 11:06					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	5.58 mg/L	0.0500	12/22/09 14:42	CGT
Copper	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:42	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:42	CGT
Ammonia	EPA350.1/R2.0	3.34 mg/L	0.10	12/21/09 14:05	LMT
Chloride	EPA300.0/R2.1	97.8 mg/L	1.0	12/23/09 19:18	RPF
Nitrate	Calc.	2.5 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	2.5 mg/L	0.1	12/18/09 13:17	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.02 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	1.8 mg/L	1.0	12/23/09 15:33	BHW

Sample I.D.: SC-OP-MWL6			Laboratory Sample I.D.: 09120346-006		
Date/Time Sampled: 12/17/09 11:20					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	12/17/09 15:20	WBP
Aluminum	SW6010C	0.8586 mg/L	0.0500	12/22/09 14:45	CGT
Copper	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:45	CGT
Silver	SW6010C	< 0.01 mg/L	0.0100	12/22/09 14:45	CGT
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	12/21/09 14:08	LMT
Chloride	EPA300.0/R2.1	7.0 mg/L	1.0	12/23/09 19:32	RPF
Nitrate	Calc.	0.8 mg/L	0.1	12/18/09 10:19	JPV
Nitrate+Nitrite	SM18/4500-NO3 F	0.8 mg/L	0.1	12/18/09 13:20	LMT
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	12/18/09 10:19	JPV
Phosphorus, Total	SM18/4500-P E	0.02 mg/L	0.01	12/22/09 12:55	JPV
Total Organic Carbon (TOC)	SW9060	1.2 mg/L	1.0	12/23/09 15:33	BHW



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Certificate of Analysis

Final Report

Laboratory Order ID 09120346

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: December 17, 2009
Date Issued: December 28, 2009

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Lagoon Well

Purchase Order: 06-012

A handwritten signature in black ink, appearing to read "Ted Soyars", is written over a horizontal line.

Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfate that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

This report shall not be reproduced except in full without the expressed and written approval of an authorized representative of Air Water & Soil Laboratories, Inc.



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RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804) 358-8297 FAX

CHAIN OF CUSTODY

PAGE 1 OF 1

CLIENT NAME: <u>Swift Creek Environmental, Inc.</u>	PROJECT NAME: <u>Omega Protein</u>
CLIENT CONTACT: <u>Tom Houghton</u>	SITE NAME: <u>Lagoon</u>
CLIENT ADDRESS: <u>8201 County Dr., Disputanta, VA 23842</u>	PROJECT NUMBER: <u>06-012</u>
CLIENT PHONE NUMBER: <u>804-991-3313</u>	P.O. NUMBER: <u>06-012</u>
CLIENT FAX NUMBER: <u>804-991-2194</u>	REGULATORY AUTHORITY: <u>VDEQ</u>
EMAIL: <u>SwiftCreekInc@aol.com</u>	

Is sample for compliance reporting? ☒ YES ☐ NO Is sample from a chlorinated supply? YES ☐ NO ☒ PWS I.D. #:

SAMPLER NAME (PRINT): B Thomas Houghton SAMPLER SIGNATURE: _____ Turn Around Time: SH Day(s)

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling? YES ☐ NO ☐ MATRIX ANALYSIS / (PRESERVATIVE) COMMENTS

CLIENT SAMPLE I.D.	Composite Start Date	Composite Stop Date	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	E. Coli	Chloride	Copper / Alum / Silver	Ammonia	Nitrate	Total Phos	TOC	Quote I.D.:
1) SC-OP-MWL1			12/17/09	16:48	7	X			X						X	X	X	X	X	X	X	
2) SC-OP-MWL2				12:01																		
3) SC-OP-MWL3				12:08																		
4) SC-OP-MWL4				11:36																		
5) SC-OP-MWL5				11:06																		
6) SC-OP-MWL6				11:20																		
7)																						
8)																						
9)																						
10)																						

RELINQUISHED: <u>[Signature]</u>	DATE / TIME: <u>12/17/09 3:30 PM</u>	RECEIVED: <u>[Signature]</u>	DATE / TIME: <u>12/17/09 1:55</u>	QC Data Package Level I <input type="checkbox"/>	LAB USE ONLY	COOLER TEMP <u>5</u> °C
RELINQUISHED:	DATE / TIME:	RECEIVED:	DATE / TIME:	Level II <input type="checkbox"/>	SCE Lagoon Well 	09120346 DUE: 5 Days Recd: 12/17/09
RELINQUISHED:	DATE / TIME:	RECEIVED:	DATE / TIME:	Level III <input type="checkbox"/>		
				Level IV <input type="checkbox"/>		



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Sample Conditions Checklist

Opened by: (print)
(sign)

GW
MW

Lab ID No.:

Date Cooler Opened:

SCE

Lagoon Well

ALL THE ABOVE INFORMATION MUST BE FILLED OUT FOR EACH SAMPLE

09120346

DUE: 5 Days

Recd: 12/17/09

12-17-09

1. How were samples received?

Fed Ex
UPS
Courier
Walk In

☐
☐
☐
☒

YES NO N/A

2. Were custody seals used?

☐ ☐ ☒

3. If yes, are custody seals unbroken and intact at the date and time of arrival?

☐ ☐ ☒

4. Are the custody papers filled out completely and correctly?

☒ ☐ ☐

5. Do all bottle labels agree with custody papers?

☒ ☐ ☐

6. Are the samples received on ice?

☒ ☐ ☐

7. Is the temperature blank or representative sample within acceptable limits?
(4 degrees Celsius +/-2)

☒ ☐ ☐

8. Are all samples within holding time for requested tests?

☒ ☐ ☐

9. Is a sufficient amount of sample provided to perform the tests indicated?

☒ ☐ ☐

10. Are all samples in proper containers for the analyses requested?

☒ ☐ ☐

11. Are all samples appropriately preserved for the analyses requested?

☒ ☐ ☐

12. Are all volatile organic containers free of headspace?

☐ ☐ ☒

COMMENTS



pH Preservation Log

Order ID

09120346

Date Performed: 5/12/17/07

Analyst Performing Check: _____

Sample ID	Container ID	Metals		Cyanide		Sulfide		Ammonia		TKN		Phos, Tot		NO3+NO2		DRO		pH as Received		pH as Received		pH as Received	
		pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)	pH as Received	Final pH (If adjust.)
		< 2	Other	> 12	Other	> 12	Other	< 2	Other	< 2	Other	< 2	Other	< 2	Other	< 2	Other	Other	Other	Other	Other	Other	Other
001	02	✓																					
	06							✓															
	07											✓		✓									
002	02																						
	06																						
	07																						
003	02																						
	06																						
	07																						
004	02																						
	06																						
	07																						
005	02																						
	06																						
	07																						



Order ID 09120346

Date Performed: 12/1/7

Analyst Performing Check:

AWS_pH Preservation Log_091029.xls

Analyses

Parameter: Lab Number: 310018.0327, Group Ctl: HUT4, Run ID: IR2618P2617, Station ID: AMPRO BMP, Date - Time: 01/28/2018 12:38, Depth: 5, Base: 4, Blanks / Dups: R, Cont: S, Survey: R

Analytes: Print Container Results, Print Station Results

Analysis	Start Date	Value	Yield	7. MDL	Code	Code	Name	Method ID	Method	Lab Seq	CAS Num	QA	W
	01/28/2018 09:00	725		.005		88818	NITROGEN, AMMONIA, TOTAL (MG/L AS N)	42	Method	1			
	01/28/2018 09:00			.004	O	88815	NITRITE NITROGEN, TOTAL (MG/L AS N)	45	Method	1			
	01/28/2018 09:00			.005	O	88828	NITRATE NITROGEN, TOTAL (MG/L AS N)	46	Method	1			
	01/28/2018 09:00	13.4		.004		78587	PHOSPHORUS, IN TOTAL ORTHOPHOSPH	42	Method	1			
									Method				
									Method				
									Method				
									Method				
									Method				
									Method				
									Method				
									Method				
									Method				

BMP

Analyses

Parameters: Lab Number: E100104839 Group Cd: HME24 Run ID: IR2010P2017 Station ID: AMPRO OUTFALL Date - Time: 01/28/2010 12:15 Depth: 5 Depth: 1 Blank: R Cont: 1 Survey: R

Analytes

Analyte	Start Date	Value	Veld?	MOL	Rem. STORET Code	Name	Print Container Results		Print Station Results	
							Method ID	Method	Lab Seq	CAS Num
BOD, 5 DAY, 20 DEG C (MGL)	01/28/2010 09:00	810		2	00310		78 Method		1	
RESIDUE, TOTAL NONFILTRABLE (MGL)	01/28/2010 09:00	132		1	00530		6 Method		1	
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			
							Method			

outfall

Analyses

Parameter: Lab Number: 5100104840 Group Cd: HUT4 Run ID: R2010P2017 Station ID: AMPRO OUTFALL Date - Time: 01/26/2010 12:15 Depth: 5 Depth: 1 Blanks: 1 Cont: 2 Survey: JR

Analyses

Analysis	Value	Valid?	MDL	Code	Rem. STORET Code	Name	Method ID	Method	Lab Seq	CAS Num	QA: N
01/26/2010 003	73.5		.008		00010	NITROGEN, AMMONIA, TOTAL (MG/L AS N)	42	Method	1		
01/26/2010 004	.42		.004	U	00015	NITRITE NITROGEN, TOTAL (MG/L AS N)	46	Method	1		
01/26/2010 005	.84		.008	U	00020	NITRATE NITROGEN, TOTAL (MG/L AS N)	46	Method	1		
01/26/2010 006	3.92		.006		70507	PHOSPHORUS, IN TOTAL ORTHOPHOSPH	42	Method	1		
								Method			
								Method			
								Method			
								Method			
								Method			
								Method			
								Method			
								Method			
								Method			

outfall

VA0003867



8201 County Drive
Disputanta, Virginia 23842-6144
Phone: 804-991-3213 Facsimile: 804-991-2194
E-mail: swiftcreekinc@aol.com

RECEIVED

MAR 18 2010

PRO

March 12, 2010
Project #06-012

Mr. William Purcell
Omega Protein
P.O. Box 175
Reedville, Virginia 22801

Re: 4th Quarter 2009 Ground Water Monitoring Report
Aerated Lagoon
Omega Protein, Reedville, Virginia
VPDES Permit No. VA0003867

Dear Mr. Purcell:

With requirements to the VPDES Permit No. VA0003867, Swift Creek Environmental, Inc. has completed the 2010, 1st quarterly ground water monitoring report for the above referenced facility. The location of the facility is depicted on Figure 1 - Site Vicinity Map. The lagoon wells sampled are designated and identified as monitor wells, MWL1, MWL2, MWL3, MWL4, MWL5 and MWL6. The location of the lagoon monitor wells are presented on the attached Potentiometric Surface Map - Figure 2.

A third order survey was conducted to determine relative well elevations and static ground water levels. Monitor well, ground water levels and relative elevations are presented in Table 1. An arbitrary datum of 10.00 feet (from USGS. 7.5 minute Reedville, Virginia Quadrangle) was established as a benchmark.

TABLE 1. Monitor Well Elevation, Ground Water Level & Product Data					
Monitor Well	Total Depth (feet)	Depth to GW (feet)	PID Reading (ppm)	Elevation - Top of Casing	Elevation - GW (feet)
MWL1	15.0	10.46	0	13.52	3.06
MWL2	15.0	7.90	0	12.20	4.30
MWL3	15.0	2.94	0	8.36	5.42
MWL4	15.0	10.53	0	14.80	4.27
MWL5	15.0	1.01	0	12.48	11.47
MWL6	15.0	0.00	0	12.17	12.17

Topographic and groundwater data indicates that ground water flow is to the south. Attached as Figure 2 is the Lagoon Potentiometric Surface Map.

On March 4, 2010, the lagoon monitor wells were developed and sampled for parameters as required in the VPDES Permit and requested by the VDEQ. Ground water samples were obtained from on-site monitor wells MWL1 through MWL6. Depth to ground water and total well depths were obtained using an oil/water interface probe to calculate the height of the standing water column in the monitor wells. After the volume of standing water was calculated in the monitor wells, a minimum of three well volumes of ground water was removed. Ground water samples were then collected using clean, disposable, plastic bailers to minimize the potential for cross contamination of monitor wells. The samples were placed in an insulated cooler packed with ice for shipment to the laboratory. The water samples were submitted to Air, Water and Soil Laboratories, Incorporated for laboratory analysis of Aluminum, Copper, Silver, Fecal Coliform, Nitrate, Chloride, Ammonia, TOC and Phosphorous. Chain of Custody forms were completed on-site and submitted with the samples. Chemical results for the 2010, 1st Quarter sampling event are presented in Tables 2 and 3. The Certificates of Analyses and Chain of Custody are attached.

TABLE 2. Summary of Field Ground Water Results					
Sample ID/Monitor well	Turbidity	pH	Specific Conductivity	Dissolved Oxygen	Temperature
SC-OP-MWL1	37.3	5.93	998	1.81	12.2
SC-OP-MWL2	6.3	5.33	1020	1.11	14.1
SC-OP-MWL3	20.2	6.02	841	1.00	11.6
SC-OP-MWL4	11.1	5.99	333	4.11	13.7
SC-OP-MWL5	87.0	5.62	121	2.22	12.7
SC-OP-MWL6	28.0	5.43	166	2.92	12.4
Units	µn	SU	u/s	mg/l	Celsius
Quantification Limits	.01	0.01	1.0	.01	0.1

TABLE 3. Summary of Analytical Ground Water Results									
Sample ID Monitor well	Al	Cu	Ag	E-Coli	Nitrate	Chloride	Ammonia	TOC	Phosphorus
SC-OP-MWL1	1.10	<0.01	<0.01	<1	1.8	116	3.41	19.8	0.23
SC-OP-MWL2	2.73	<0.01	<0.01	<1	13.4	158	8.52	4.4	0.02
SC-OP-MWL3	1.98	<0.01	<0.01	<1	13.0	33.2	0.25	1.1	0.06
SC-OP-MWL4	1.65	0.012	<0.01	<1	1.2	12.8	<0.1	2.6	0.05
SC-OP-MWL5	4.97	<0.01	<0.01	<1	0.3	14.8	0.60	6.3	0.12
SC-OP-MWL6	5.60	<0.01	<0.01	<1	0.7	6.8	<0.1	1.1	0.13
Units	mg/l	mg/l	mg/l	MPN	mg/l	mg/l	mg/l	mg/l	mg/l
Quantification Limits	0.05	0.01	0.01	1.0	0.1	1.0	0.1	1.0	0.05-0.5
002 Outfall Discharge Limits	-	NL	NL	200	NL	NL	45	NL	NL
MCL's Primary or Secondary	-	1.3	0.1	0.0	10	250	-	-	-

All parameters quantitatively analyzed for this sampling event were below Outfall Discharge Limits. Although the Nitrate recorded in monitor wells MW2 and MW3 were slightly above the federal primary drinking water standard they were within historical concentration ranges. The next quarterly ground water sampling event is scheduled for June 2010.

Should you have any questions regarding this letter, please contact me at 804.991.3213. Thank you for the opportunity to provide these services.

Sincerely,



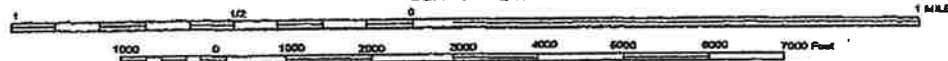
B. Thomas Houghton, Principal
Virginia Professional Geologist #950

attachments: Site Vicinity Map
Potentiometric Surface Map
Certificates of Analyses and Chain of Custody

cc: Ms. Denise Mosca - VDEQ Piedmont Regional Office



SCALE 1:24,000



USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992

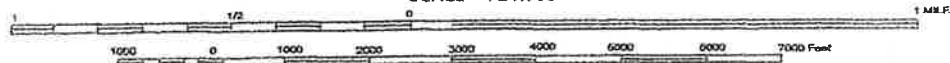
Swift Creek
Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No:	FIGURE 1		
Figure Name:	Site Vicinity Map		
Client:	Omega Protein	Job No.:	06-012
Site:	Reedville, Virginia	Date:	01/2009



SCALE 1:24,000



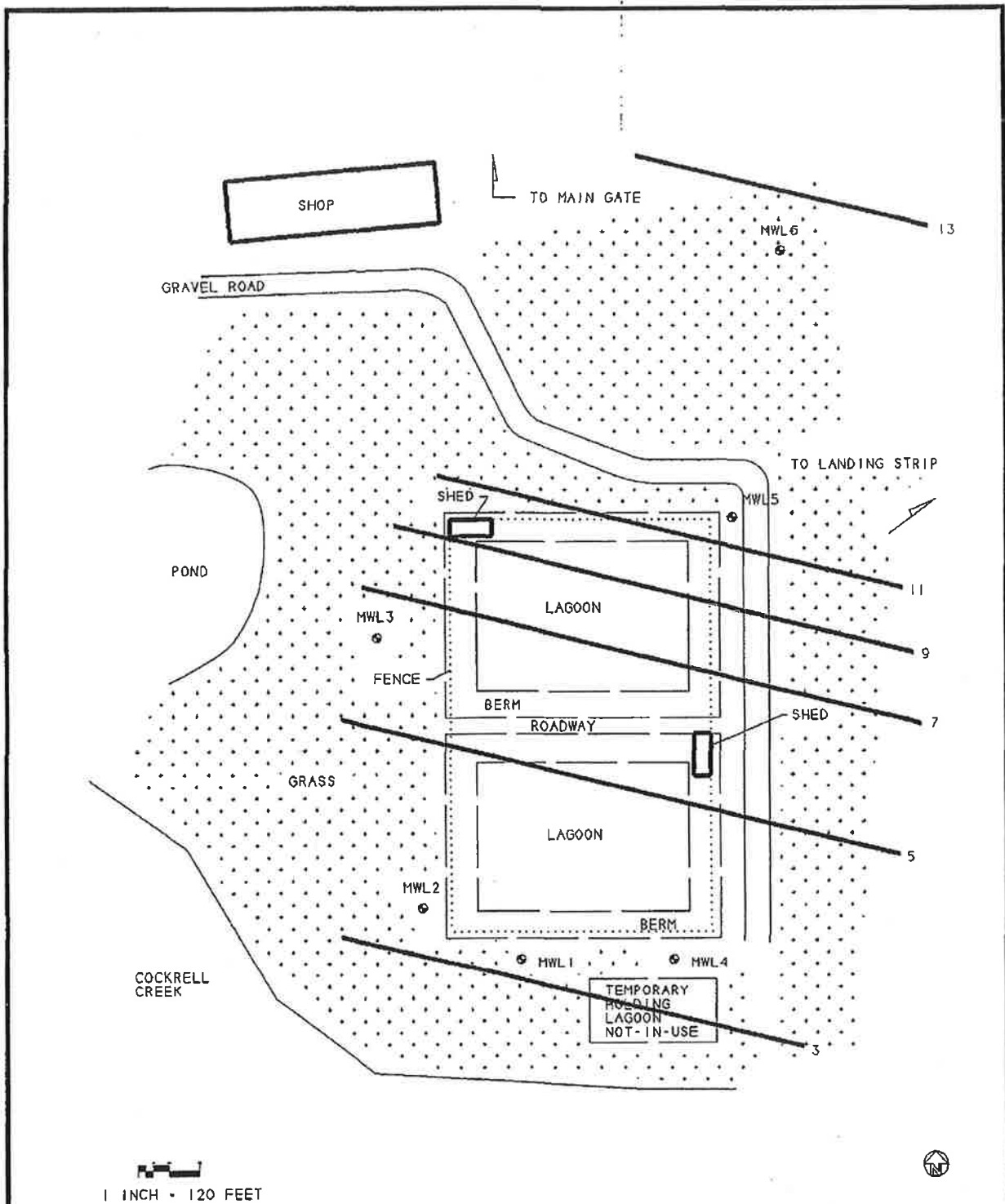
USGS 7.5 Minute Topographic Survey
Reedville, VA - 1968 - Minor Revision 1992



Swift Creek
ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

Figure No:	FIGURE 1	
Figure Name:	Site Vicinity Map	
Client:	Omega Protein	Job No: 06-012
Site:	Reedville, Virginia	Date: 01/2009



Swift Creek
Swift Creek
 ENVIRONMENTAL, INC.

8201 County Drive, Disputanta, VA 23842-6144

FIGURE NO:

2

FIGURE NAME

POTENTIOMETRIC SURFACE MAP

CLIENT:

OMEGA PROTEIN

JOB NO:

06-012

SITE:

REEDVILLE, VA

DATE:

03/10



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Certificate of Analysis

Final Report

Laboratory Order ID 10030124

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: March 04, 2010
Date Issued: March 11, 2010

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein

Purchase Order: 06-012

Sample I.D.: SC-OP-MWL1			Laboratory Sample I.D.: 10030124-001		
Date/Time Sampled: 03/04/10 10:22					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 15:10	WBP
Aluminum	SW6010C	1.10 mg/L	0.5000	03/11/10 14:36	MWL
Copper	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:36	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:36	MWL
Ammonia	EPA350.1/R2.0	3.41 mg/L	0.10	03/08/10 14:03	SLH
Chloride	EPA300.0/R2.1	116 mg/L	1.0	03/08/10 17:59	CL
Nitrate	Calc.	1.8 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	1.8 mg/L	0.1	03/05/10 14:22	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.23 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	19.8 mg/L	1.0	03/08/10 12:43	BHW

Sample I.D.: SC-OP-MWL2			Laboratory Sample I.D.: 10030124-002		
Date/Time Sampled: 03/04/10 10:00					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 15:10	WBP
Aluminum	SW6010C	2.73 mg/L	0.5000	03/11/10 14:38	MWL
Copper	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:38	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:38	MWL
Ammonia	EPA350.1/R2.0	8.52 mg/L	0.10	03/08/10 14:05	SLH
Chloride	EPA300.0/R2.1	158 mg/L	1.0	03/08/10 18:13	CL
Nitrate	Calc.	13.4 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	13.4 mg/L	0.1	03/05/10 14:25	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.02 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	4.4 mg/L	1.0	03/08/10 12:43	BHW



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Certificate of Analysis

Final Report

Laboratory Order ID 10030124

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: March 04, 2010
Date Issued: March 11, 2010

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein

Purchase Order 06-012

Sample I.D.: SC-OP-MWL3			Laboratory Sample I.D.: 10030124-003		
Date/Time Sampled: 03/04/10 10:42					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 15:10	WBP
Aluminum	SW6010C	1.98 mg/L	0.5000	03/11/10 14:40	MWL
Copper	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:40	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:40	MWL
Ammonia	EPA350.1/R2.0	0.25 mg/L	0.10	03/08/10 14:07	SLH
Chloride	EPA300.0/R2.1	33.2 mg/L	1.0	03/08/10 18:27	CL
Nitrate	Calc.	13.0 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	13.0 mg/L	0.1	03/05/10 14:37	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.06 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	1.1 mg/L	1.0	03/08/10 12:43	BHW

Sample I.D.: SC-OP-MWL4			Laboratory Sample I.D.: 10030124-004		
Date/Time Sampled: 03/04/10 09:49					
Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 15:10	WBP
Aluminum	SW6010C	1.65 mg/L	0.5000	03/11/10 14:43	MWL
Copper	SW6010C	0.0120 mg/L	0.0100	03/11/10 14:43	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:43	MWL
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	03/08/10 14:10	SLH
Chloride	EPA300.0/R2.1	12.8 mg/L	1.0	03/08/10 18:41	CL
Nitrate	Calc.	1.2 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	1.2 mg/L	0.1	03/05/10 14:40	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.05 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	2.6 mg/L	1.0	03/08/10 12:43	BHW



2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 10030124

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

Date Received: March 04, 2010
Date Issued: March 11, 2010

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein

Purchase Order 06-012

Sample I.D.: SC-OP-MWL5			Laboratory Sample I.D.: 10030124-005		
Date/Time Sampled: 03/04/10 09:14					
Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 16:10	WBP
Aluminum	SW6010C	4.97 mg/L	0.5000	03/11/10 14:50	MWL
Copper	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:50	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:50	MWL
Ammonia	EPA350.1/R2.0	0.60 mg/L	0.10	03/08/10 14:17	SLH
Chloride	EPA300.0/R2.1	14.8 mg/L	1.0	03/08/10 18:55	CL
Nitrate	Calc.	0.3 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	0.3 mg/L	0.1	03/09/10 13:18	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.12 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	6.3 mg/L	1.0	03/08/10 12:43	BHW

Sample I.D.: SC-OP-MWL6			Laboratory Sample I.D.: 10030124-006		
Date/Time Sampled: 03/04/10 08:49					
Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
E. Coli	Colilert 18/QT	< 1 mpn/100mL	1	03/04/10 16:10	WBP
Aluminum	SW6010C	5.60 mg/L	0.5000	03/11/10 14:52	MWL
Copper	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:52	MWL
Silver	SW6010C	< 0.01 mg/L	0.0100	03/11/10 14:52	MWL
Ammonia	EPA350.1/R2.0	< 0.1 mg/L	0.10	03/08/10 14:19	SLH
Chloride	EPA300.0/R2.1	6.8 mg/L	1.0	03/08/10 19:10	CL
Nitrate	Calc.	0.7 mg/L	0.1	03/04/10 12:36	LMT/JPV
Nitrate+Nitrite	SM18/4500-NO3 F	0.7 mg/L	0.1	03/09/10 13:21	JPV
Nitrite	SM18/4500-NO2 B	< 0.05 mg/L	0.05	03/04/10 12:36	LMT/JPV
Phosphorus, Total	SM18/4500-P E	0.13 mg/L	0.01	03/08/10 9:09	JPV
Total Organic Carbon (TOC)	SW9060	1.1 mg/L	1.0	03/08/10 12:43	BHW



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Certificate of Analysis

Final Report

Laboratory Order ID 10030124

Client Name: Swift Creek Environmental, Inc.
8201 County Drive
Disputanta, VA 23842

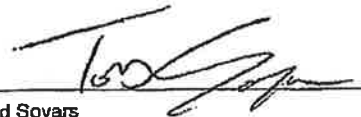
Date Received: March 04, 2010
Date Issued: March 11, 2010

Submitted To: Tom Houghton

Project Number: 06-012

Client Site I.D.: Omega Protein

Purchase Order 06-012


Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAP requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAP standards unless otherwise specified. For a complete list of the Laboratory's NELAP certified parameters please contact customer service.

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 RICHMOND, VIRGINIA 23230
 (804) 358-8295 PHONE
 (804) 358-8297 FAX

CHAIN OF CUSTODY

PAGE 1 OF 1

CLIENT NAME: SWIFT CREEK ENVIRONMENTAL										PROJECT NAME: OMEGA PROTEIN									
CLIENT CONTACT: B. Houlston										SITE NAME:									
CLIENT ADDRESS: 8201 COUNTY DRIVE, DISPUTA VA										PROJECT NUMBER: 06-012									
CLIENT PHONE NUMBER: 804 991 3213										P.O. NUMBER: 06-012									
CLIENT FAX NUMBER:										EMAIL: SwiftResource@aol.com									
REGULATORY AUTHORITY: VIDEO																			
Is sample for compliance reporting? (YES) NO										Is sample from a chlorinated supply? YES (NO)									
PWS I.D. #:																			
SAMPLER NAME (PRINT): B. Houlston										SAMPLER SIGNATURE: [Signature]									
Turn Around Time: 5th Day(s)																			
Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO																			
MATRIX										ANALYSIS / (PRESERVATIVE)									
COMMENTS																			
CLIENT SAMPLE I.D.										Quote I.D.:									
Composite Start Date										Composite Stop Date									
Grab Date or Composite Stop Date										Grab Time or Composite Stop Time									
Number of Containers										Grab									
Composite										Field Filtered (Dissolved Metals)									
Ground Water / Surface Water										Waste Water / Storm Water									
Drinking Water										Soil									
Solids										Other									
ALUMINUM										COPPER									
SILVER										AMMONIA									
CHLORIDE										E-COL.									
NITRATE										TRIPHOSPHORUS									
TOC																			
PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)																			
1) SC-OP-MWL1										3/4/10 10:00									
2) SC-OP-MWL2										10:15									
3) SC-OP-MWL3										10:15									
4) SC-OP-MWL4										9:15									
5) SC-OP-MWL5										9:15									
6) SC-OP-MWL6										8:15									
7)																			
8)																			
9)																			
10)																			
RELINQUISHED: [Signature]										DATE / TIME: 3/4/10 1320									
RELINQUISHED:										DATE / TIME:									
RELINQUISHED:										DATE / TIME:									
RECEIVED: [Signature]										DATE / TIME: 3/4/10 1320									
RECEIVED:										DATE / TIME:									
RECEIVED:										DATE / TIME:									
QC Data Package										LAB USE ONLY									
Level I <input type="checkbox"/>										COOLER TEMP _____ °C									
Level II <input type="checkbox"/>																			
Level III <input type="checkbox"/>																			
Level IV <input type="checkbox"/>																			
SCE										10030124									
Omega Protein										DUE: 5 Days									
Read: 03/04/10																			



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SCE

10030124

Omega Protein

DUE: 5 Days



Recd: 03/04/10

Sample Conditions Checklist

Opened by: (print)

GW

Lab ID No.:

(sign)

[Signature]

Date Cooler Opened:

3/4/10

- | | | YES | NO | N/A |
|-----|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. | How were samples received? | | | |
| | Fed Ex <input type="checkbox"/> | | | |
| | UPS <input type="checkbox"/> | | | |
| | Courier <input type="checkbox"/> | | | |
| | Walk In <input checked="" type="checkbox"/> | | | |
| 2. | Were custody seals used? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | If yes, are custody seals unbroken and intact at the date and time of arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Are the custody papers filled out completely and correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do all bottle labels agree with custody papers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are the samples received on ice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is the temperature blank or representative sample within acceptable limits?
(4 degrees Celsius +/-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are all samples within holding time for requested tests? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is a sufficient amount of sample provided to perform the tests indicated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Are all samples in proper containers for the analyses requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are all samples appropriately preserved for the analyses requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Are all volatile organic containers free of headspace? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

COMMENTS



pH Preservation Log

Order ID

10030124

Date Performed: 3/4/10

Analyst Performing Check: GW

Sample ID	Container	Metals		Cyanide		Sulfide		Ammonia		TKN		Phos, Tot		NO3+NO2		DRO		pH as Received		pH as Received	
		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received		pH as Received	
		< 2	Other	> 12	Other	> 9	Other	< 2	Other	< 2	Other	< 2	Other	< 2	Other	< 2	Other	Other	Final pH (if adjust)	Other	Final pH (if adjust)
001	02	✓																			
↓	06							✓													
	07											✓		✓							
002	02	✓																			
	06							✓													
	07											✓		✓							
003	02	✓																			
	06							✓													
	07											✓		✓							
004	02	✓																			
	06							✓													
	07											✓		✓							
005	02	✓																			
	06							✓													
	07											✓		✓							



Date Performed: 3/4/10

Analyst Performing Check:

[illegible]



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Certificate of Analysis

Final Report

Laboratory Order ID 10030507

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville, Virginia 22539

Date Received: March 23, 2010
Date Issued: April 22, 2010

Submitted To: Ted Schultz

Project Number NA

Client Site I.D. Omega Protein

Purchase Order 3371

Sample Summary List

Laboratory Sample ID	Sample ID	Sample Date	Receive Date
10030507-001	20Mar10-VM-A1	03/20/2010	03/23/2010
10030507-002	20Mar10-VM-A2	03/20/2010	03/23/2010
10030507-003	20Mar10-VM-B	03/20/2010	03/23/2010
10030507-004	20Mar10-VM-C	03/20/2010	03/23/2010

for: Carmela R. Imbrius
Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

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Certificate of Analysis

Final Report

Laboratory Order ID 10030507

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville, Virginia 22539

Date Received: March 23, 2010
Date Issued: April 22, 2010

Submitted To: Ted Schultz

Project Number NA

Client Site I.D. Omega Protein

Purchase Order 3371

Analytical Results

Sample I.D.: 20Mar10-VM-A1

Laboratory Sample I.D.: 10030507-001

Date/Time Sampled: 03/20/10 17:45

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
TPH-Volatiles (GRO)	SW8015C	< 0.5 mg/L		0.5	03/26/10 13:26	AJR

Analytical Results

Sample I.D.: 20Mar10-VM-A2

Laboratory Sample I.D.: 10030507-002

Date/Time Sampled: 03/20/10 17:45

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
TPH-Semi-Volatiles (DRO)	SW8015C	< 0.5 mg/L		0.5	03/29/10 14:13	JHV

Analytical Results

Sample I.D.: 20Mar10-VM-B

Laboratory Sample I.D.: 10030507-003

Date/Time Sampled: 03/20/10 17:45

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
Copper, Dissolved	EPA200.7/R4.4	< 0.01 mg/L		0.01	03/29/10 16:51	MWL
Lead, Dissolved	EPA200.7/R4.4	< 0.01 mg/L		0.01	03/29/10 16:51	MWL
Zinc, Dissolved	EPA200.7/R4.4	< 10 ug/L		10	03/29/10 16:51	MWL

Analytical Results

Sample I.D.: 20Mar10-VM-C

Laboratory Sample I.D.: 10030507-004

Date/Time Sampled: 03/20/10 17:45

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
Tributyltin	85-3295	See Attached		--		



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Certificate of Analysis

Final Report

Laboratory Order ID 10030507

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville, Virginia 22539

Date Received: March 23, 2010
Date Issued: April 22, 2010

Submitted To: Ted Schultz

Project Number NA

Client Site I.D. Omega Protein

Purchase Order 3371

Summary of Analytical QC Batches

QC Batch ID	Method	Sample List
QC100329015	SW8015C	10030507-001
QC100329024	SW8015C	10030507-002
QC100330008	EPA200.7/R4.4	10030507-003

CHAIN OF CUSTODY RECORD

Client: Omega Protein, Inc.
 Contact: Ted Schultz
 Address: P.O. Box 175
 Reedville, VA 22539
 Phone: (804) 453-4211
 Fax: (804) 453-4123
 eMail: tschultz@omegaproteininc.com

Lab: F&R
 AWS
 Other _____

Project Name: Omega Protein

Sampled By: Ted Schultz

							Requested Test Parameters										
							TDZ	TRS	TRC	Salinity	NH3	TPH	Dis Cu	Dis Zn	Dis Pb	TBT	TPH
Lab ID	Date Sampled	Time Sampled	Grab	Comp	Sample Identification	# of Containers											
	3/20/10	17:45	X		20Mar10-VM-A1	2						GRO					
	3/20/10	17:45	X		20Mar10-VM-A2	1											DRO
	3/20/10	17:45	X		20Mar10-VM-B	1							X	X	X		
	3/20/10	17:45	X		20Mar10-VM-C	1										X	

Relinquished By	Date	Time	Received By	Date	Time	Comments: Dissolved metals samples field filtered, pH <2 w/ HNO3 4 deg C Other samples collected in provided containers 4 deg C VPDES Samples	PO 3371
<i>[Signature]</i>	3/23/10	12:35	<i>[Signature]</i>	3/23/10	12:35		
Relinquished By	Date	Time	Received By	Date	Time		
Relinquished By	Date	Time	Received By	Date	Time		

OP

Omega Protein



10030507

DUE: 5 Days

Recd: 03/23/10

20Mar10-VM-A,B,C.doc
 3/22/2010



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Sample Conditions Checklist

10030507

OP

Omega Protein



10030507

DUE: 5 Days

Recd: 03/23/10

Opened by: (print)

ACM

Lab ID No.:

(sign)

AC

Date Cooler Opened:

3-23-10

- | | | YES | NO | N/A |
|-----|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. | How were samples received? | | | |
| | Fed Ex <input type="checkbox"/> | | | |
| | UPS <input type="checkbox"/> | | | |
| | Courier <input type="checkbox"/> | | | |
| | Walk In <input checked="" type="checkbox"/> | | | |
| 2. | Were custody seals used? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | If yes, are custody seals unbroken and intact at the date and time of arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Are the custody papers filled out completely and correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do all bottle labels agree with custody papers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are the samples received on ice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is the temperature blank or representative sample within acceptable limits?
(4 degrees Celsius +/-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are all samples within holding time for requested tests? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is a sufficient amount of sample provided to perform the tests indicated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Are all samples in proper containers for the analyses requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are all samples appropriately preserved for the analyses requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Are all volatile organic containers free of headspace? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

UNIVERSAL LABORATORIES

20 Research Drive Hampton, Va 23666

1-800-695-2162

(757) 865-0880

Fax: (757) 865-8014

E-mail: info@universallaboratories.net

Date: Wednesday, April 21, 2010

Pages: Page 1 of 2

To: Jessica Comstock
Air Water & Soil Laboratories

Fax#: (804) 358-8297

From: Mike Jennings

Subject: Results for Project N/A
designated as UL Order Id 1003545 and received on
Wednesday, March 24, 2010



TELEPHONE: (757) 866-0880
TOLL-FREE: (800) 898-2162
FAX: (757) 866-8014

UNIVERSAL LABORATORIES

20 Research Drive Hampton, Va 23666

REPORT OF ANALYSIS

Order ID: **1003545**

(REPORT DATE)

21-Apr-10

TO: **Air Water & Soil Laboratories**
2109 A North Hamilton Street
Richmond VA 23230
ATTN: Jessica Comstock

UL Sample Number: **1003545-001**
Sample ID: Client Log #100830507-004
Grab Date/Time: 3/20/2010 17:45
Composite Start: N/A
Composite Stop: N/A
Collected By: CLIENT

Project ID: N/A
Project #: N/A

Site: Client Log #100830507-004
Matrix: Wastewater

Comments for Order:

Parameter	Method	Test Result	Units	UL Report Limit	Analysis Date/Time	Analyst
TBT Tributyltin	GC/FPD	<L	ng/l	30	4/14/2010 4:48:00 PM	BD
LCS/Dup outside acceptable limits.						

Comments for Sample ID 1003545-001

No comments

Respectfully Submitted,



CHAIN OF CUSTODY

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804) 358-8297 FAX

PAGE 1 OF 1

1003454
Universal

CLIENT NAME: <u>AWS</u>					PROJECT NAME:										
CLIENT CONTACT: <u>Jessica Comstock</u>					SITE NAME:										
CLIENT ADDRESS:					PROJECT NUMBER: <u>10030507</u>										
CLIENT PHONE NUMBER:					P.O. NUMBER:										
CLIENT FAX NUMBER:			EMAIL:		REGULATORY AUTHORITY:										
Is sample for compliance reporting? YES NO			Is sample from a chlorinated supply? YES NO			PWS I.D. #:									
SAMPLER NAME (PRINT):			SAMPLER SIGNATURE:			Turn Around Time: <u>Due</u> 3-30-10 Day(s)									
Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling? YES NO			MATRIX			ANALYSIS / (PRESERVATIVE)									
COMMENTS			Quote I.D.:			PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)									
CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Tributyltin</div>
1) 10030507-004			3-20-10 17:45		1					<input checked="" type="checkbox"/>					
2)															
3)															
4)															
5)															
6)															
7)															
8)															
9)															
10)															
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	QC Data Package	LAB USE ONLY			COOLER TEMP _____ °C							
<u>A McJenny</u>	3-23-10 17:00	<u>UPS</u>	3-23-10	Level I <input type="checkbox"/>											
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	Level II <input type="checkbox"/>											
<u>UPS</u>	3-24-10	<u>A</u>	3-24-10 15:30	Level III <input type="checkbox"/>											
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	Level IV <input type="checkbox"/>											

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/1/10 To 4/4/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

[Signature] 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/5/10 To 4/11/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

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William E. Smith 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/12/10 To 4/18/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / TECHNICAL Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Durrell 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/19/10 To 4/25/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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William E. Smith 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/26/10 To 4/30/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore A Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Smith 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/1/10 To 4/4/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	✓	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Murrell 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/5/10 To 4/11/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Arnold 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/12/10 To 4/18/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	<u>✓</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / TECHNICAL SUPERVISOR
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Durrell 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/19/10 To 4/25/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Smith 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/26/10 To 4/30/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore A Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Purcell 5/4/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/1/10 To 3/7/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 4/7/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/8/10 To 3/14/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Will Edmund 4/7/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/15/10 To 3/21/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Will E. Durr 4/7/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/22/10 To 3/28/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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Will E. Russell 4/7/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 3/29/10 To 3/31/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

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William E. Russell 4/7/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/1/10 To 2/7/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Arnold TE/ 03/03/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/8/10 To 2/14/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Small 3/3/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/15/10 To 2/21/10

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodor Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Will E Russell 3/3/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/22/10 To 2/23/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Small

3/3/2010

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/1/10 To 1/16/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

W. H. Z. [Signature] 02/02/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/1/10 To 11/7/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

William E. Burrell 02/02/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/18/10 To 1/24/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 02/02/2010
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/25/10 To 11/30/10

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	_____ <input checked="" type="checkbox"/> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 02/02/2010
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN INC.

Inter-Office Correspondence

TO: CAPTAINS

FROM: TOM BLENCOWE

CC:

DATE: 10/11/01

SUBJECT: REFRIGERATION WATER

STARTING MONDAY 10/15/01 EACH TIME
YOU PUMP-OFF REFRIGERATION WATER
FOR UNLOADING YOU MUST LOG IT IN ON
THE ATTACHED LOG AND TURN IN YOUR
WEEKS LOG WITH YOUR PAPERS ON
FRIDAY. USE THE COLUMNS STARTING WITH
"DISCHARGE LOCATION" AND ENDING WITH "HEADING."
THE OTHER COLUMNS ARE FOR BAILING WATER ONLY.
PLEASE PUT THE VESSEL NAME ON THE TOP OF
THE LOG.

WE JUST HAD A REVIEW OF OUR PERMIT AND
THIS IS A REQUIREMENT. THE ITEMS THAT APPLY
TO US ARE MARKED IN YOUR INFORMATION.

THERE ARE ENOUGH PAGES FOR THE REST OF THIS
YEAR AND NEXT YEAR. PLEASE PUT THE LOG BACK
IN YOUR BOX AT THE END OF THE SEASON SO THAT
I WILL KNOW YOU HAVE IT FOR 2002.

USE ONE PAGE FOR EACH WEEK. TEAR OFF FROM
THE BOTTOM. ANY QUESTIONS PLEASE SEE ME OR LYEEL JETT.
THANKS.